Division of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Gännual report mailings. Enter only one email address please.** Email Address:__

LLC REGISTERED AGENT CHANGE DOLPHIN WAVE VENTURES LLC

**Enter the email address for this business entity to be used for future

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M. SOLOMON

AUG 4 2 2024

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Ni	of the limited liability company: DOLPHIN WAVE V	'ENTURES LLC		<u> </u>	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3. 5.	(a)	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.		Document number		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2894 REMINGTON GREEN LN., STE. A Registered Office Address (MOST BE FLORIDA STREET ADDRESS)				
	(b)	TALLAHASSEE, FL. S Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered C 7901 4th St N NEW Registered Office Address:	32308 Office address:	-	PRIVATE TARY OF STATE ATTACKS FARY OF STATE	
		, FL_	33702			
th ag wi th	e cha ent v as/wo e art Signa	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liaber of amember or authorized representative of a member by accept the appointment as registered agent and agree	he registered off bility company, i the limited liabi imited liability c Nat Smith	fice and the business office it is hereby confirmed that all ty company or as otherwompany. Printed or typed name of st	e of the registered the change(s) tise provided in	
ne	инс	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha I in writing of this change. Taylor Newman - Assistant Sec		ny duties, and I am familia 505, F.S. Or, if this docum at the limited liability con	r with and accept wat is being filed ipany has been	