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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	DAPO Investment Group LLC				
	Name of Limited Liability Company				
Dear Si	r or Madam:				
The enc	losed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning	, this matter to the f	following:		
Tierra V	Villiams				
	Name of Person		<u> </u>		
zenbusii	ness inc				
	Firm/Company		_		
336 E. C	College Ave. Suite 301				
	Address				
Tallahas	ssee, FL 32301				
	City/State and Zip Cod	e	_		
ra@zeni	business.com				
E-	mail address: (to be used for future a	annual report notific	cation)		
For furt	her information concerning this matt	ter, please call:			
Tierra V	Villiams	844 at (493-6249		
	Name of Person	u. (Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following	ing amount:			
	■ \$25 Filing Fee		5 Filing Fee & Certified Copy		

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. Na	ame of the limited liability company: DAPO Investme	nt Group LLC				
2. (a)	1429 Baytowne Circle, East Destin, FL 32550-5835	_ (b)_	1429 Baytowne Circle, East Destin, Fl	. 32550-5835		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	04/15/2024	1.2	24000178296			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Katherine M Cubba					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1429 BAYTOWNE CIRCLE EAST					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	MIRAMAR BEACH . F	32550 L		2624		
			- 	्या द्वाः स्टाः		
(b)	Zenbusiness INC	· · · · · · · · · · · · · · · · · · ·				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addre</u>	ess:	- 		
	336 E. College Ave. Suite 301			P2 12: 48		
	NEW Registered Office Address:			er Er		
				رن		
						
	Tallahassee , F	L 32301				
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of iability comp of the limite	office and the business office of the pany, it is hereby confirmed that the d liability company or as otherwise	e registered e change(s)		
	herine M Cubba	Kather	ine M Cubba			
_	ture of a member or authorized representative of a member		Printed or typed name of signo			
provisi the obl to merc	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If in writing of this change.	ree to act in performanced for in Cha hereby conf	this capacity. I further agree to cover of my duties, and I am familiar was over 605, F.S. Or, if this documen irm that the limited liability compa	omply with the vith and accept is being filed ny has been		

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00