

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L24000294516**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BAKER & HOSTETLER LLP  
Account Number : I19990000077  
Phone : (407)649-4016  
Fax Number : (407)841-0168

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Sandy@showalter.com

LLC REGISTERED AGENT CHANGE

DASH INNOVATIONS IP LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

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Getz, Teresa  
9/11/2024 9:27:12 AM

BakerHostetler  
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September 11, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DASH INNOVATIONS IP LLC  
P.O. BOX 140753  
ORLANDO, FL 32814

SUBJECT: DASH INNOVATIONS IP LLC  
REF: L24000294516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The fax audit sheet submitted is for an amendment. This form is a change of registered agent. Please submit a fax audit sheet for LLC REGISTERED AGENT CHANGE. To abandon this fax audit sheet, write ABANDON across the page and refax it back to us.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H24000307563  
Letter Number: 524A00020304

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DASH INNOVATIONS IP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Teresa Getz

Name of Person

BakerHostetler

Firm/Company

P.O. Box 113

Address

Orlando, FL 32802

City/State and Zip Code

Sandy@chowalter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Getz

at (407) 649-3993

Name of Person

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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 TALLAHASSEE, FL

# 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. Name of the limited liability company: <u>DASH Innovations IP LLC</u>                                                                     |                                                                                         |
| 2. (a) <u>2948 E. Livingston Street, Suite 3, Orlando, FL 32803</u>                                                                          | (b) <u>P.O. Box 140753, Orlando, FL 32814</u>                                           |
| Principal office address of limited liability company:<br>(Note: <u>MUST BE STREET ADDRESS</u> )                                             | Mailing address of limited liability company:<br>(Note: <u>MAY BE POST OFFICE BOX</u> ) |
| <br>                                                                                                                                         | <br>                                                                                    |
| <br>                                                                                                                                         | <br>                                                                                    |
| 3. <u>July 2, 2024</u>                                                                                                                       | 4. <u>124000294516</u>                                                                  |
| Date of filing/registration in Florida                                                                                                       | Document number                                                                         |
| 5. (a) <u>Joseph S. Showalter, II</u>                                                                                                        |                                                                                         |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:<br><u>2739 Upper Park Road, Orlando, FL 32814</u> |                                                                                         |
| Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>                                                                            |                                                                                         |
| <br>                                                                                                                                         |                                                                                         |
| <br>                                                                                                                                         |                                                                                         |
| <br>                                                                                                                                         |                                                                                         |
| (b) <u>Joseph S. Showalter, II</u>                                                                                                           |                                                                                         |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address:</u>                                                       |                                                                                         |
| <u>2948 E. Livingston Street</u>                                                                                                             |                                                                                         |
| <u>NEW Registered Office Address:</u>                                                                                                        |                                                                                         |
| <u>Suite 2</u>                                                                                                                               |                                                                                         |
| <br>                                                                                                                                         |                                                                                         |
| <u>Orlando</u> , FL <u>32803</u>                                                                                                             |                                                                                         |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joseph S. Showalter II  
Signature of a member or authorized representative of a member

Joseph S. Showalter II, as Authorized Representative  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Joseph S. Showalter II  
Signature of Registered Agent

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

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