M0600005715

| | (Requestor's Name) |
|------------------------|--------------------------|
| | |
| | (Address) |
| | |
| <u> </u> | (Address) |
| | |
| | (City/State/Zip/Phone #) |
| | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

800412849468

08/51/23--01001--014 **25.00 S. CHATHAM

AUG = 1 2023



Office Use Only

| Advanced Inco | orporating Service |
|------------------------|--|
| | 1317 California StreetPhone: 850-222-CORPP.O. Box 20396Fax: 850-575-2724Tallahassee, FL 32316Email: wlopez@aisincfl.comWebsite: www.aisincfl.com |
| American Inde Accir | entity Lev Group, CCC |
| | FOR OFFICE USE ONLY |
| PICK ONE: | |
| CE | ERTIFIED COPYPHOTOCOPYC.U.S. |
| FILING: | |
| CORPORATION | LLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP |
| | DUS NAMESERVICEMARK/TRADEMARKAMENDMENT |
| | FOREIGN QUALIFICATIONJUDGMENT LIEN |
| - | OTHER 17 A Change |
| RETRIEVAL: | |
| | ANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY |
| APOSTILLE/NOTARY | CERTIFICATION REQUEST: |
| | Country |
| | Amount of Documents |
| DATE | |
| Notes: | |
| | |

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.

| Na | ame of the limited liability company: | DEPEN | DENT SEC | CURITIES GROUP, LLC. |
|------------------------|---|---|---|--|
| (a) | 664 S Rivershore Ln | | (b) | |
| ., | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | . , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 150 | _ | | |
| | EAGLE, ID 83616 | | | |
| | 10/17/2006 | | M06000 | 005715 |
| | Date of filing/registration in Florida | - 4. | | Document number |
| (a) | CORPORATION SERVICE COMPANY | | | |
| () | Registered Agent and Registered Office shown on the records of 1201 HAYS ST. | the Flor | ida Dept. of | State: |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRE | <u>SS)</u> | 2023 JUL 31 |
| | TALLAHASSEE, FL | 32301 | | |
| (b) | Universal Registered Agents, Inc. | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office | address: | |
| | 1317 California St. | | | PH 2: 36 |
| | NEW Registered Office Address: | | | |
| | Tallahassee | 32304 | | |
| ange ent v as/we | imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited list are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | vs of th registe ability of the li | ne State of cred office company, imited liab | and the business office of the registered it is hereby confirmed that the change(s) wility company or as otherwise provided in |
| <u> </u> | Yon Codson | R | yan Carlson | |
| - | the of a member or authorized representative of a member by accept the appointment as registered agent and agr | | | Printed or typed name of signce |

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 the change.

r Z Signature of Registered Agent

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

/

.*

·, -