M0700005356

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE :					
AUTHORIZATION: Could be a					
COST LIMIT : \$25.00					
ORDER DATE : 02/13/2024					
ORDER TIME :					
ORDER NO. :					
CUSTOMER NO:					
CHANGE OF AGENT					
NAME: T Morgan DT LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY					
CONTACT PERSON: SHAUNA GODBOLT					
EXAMINER'S INITIALS:					

itt

COVER LETTER

TO: Registration Section Division of Corporations					
·					
SUBJECT: TMORGO DT LLC Name of Limited Liability Company					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	<u> </u>				
Name of Person					
Firm/Company					
Address	-				
City/State and Zip Code					
•					
E-mail address: (to be used for future annual repo	<u> </u>				
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	ail:				
Name of Person) Area Code & Daytime Telephone Number				
Mailing Address:	Street Address:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	ranalassee, i E 52505				
Enclosed is a check for the following amount:					
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

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: \(\frac{1}{2} \text{MO(C(C))} \)	DT LLC	
2. ((a) (1) (ITS) (1) / SSC (10.10.5) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	The state of the s	SSTIC ICLUS s of limited liability company: W BE POST OFFICE BOX
	<u> 1660 Lincoln St. Ste 2200</u> Denver, CD 80264	Jour Linco	<u>In St. Ste Z200</u> 0 80264
3.	Date of filing/registration in Florida 4.	Document r	00535W
5.	(a) NRAL CORPORATE SELVICES Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State:	
	Registered Office Address MUST BE FLORIDA STREET ADDR 515 East Park Ave Tallahassee , FL	ess) 32301	TALL'AT
(Enter name of NEW Registered Agent and/or NEW Registered Office Corporation Service Company	e address:	FILED AMIO: 46
	NEW Registered Office Address: 1201 Hays Street		ATE ORIDA
	Tallahassee , FL 3230)1 	
chai agei was the	ne limited liability company is not organized under the laws of inge or changes are made, the Florida street address of the regis in will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited	tered office and the busines company, it is hereby con- limited liability company o ed liability company.	firmed that the change(s) or as otherwise provided in
Si	gnature of a member or authorized representative of a member	Thomas	ed name of signee
I he prov the i to m	ereby accept the appointment as registered agent and agree to visions of all statutes relative to the proper and complete perfo obligations of my position as registered agent as provided for a seriest reflect a change in the registered office address. I hereby fied in writing of this change.	act in this canacity. I furth	var garag to comply with the

Signature of Registered Agent