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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 883948 7458513

AUTHORIZATION :

COST LIMIT : \$ 25.0

W. Carrier

ORDER DATE : January 8, 2025

ORDER TIME : 2:20 PM

ORDER NO. : 883948-002

CUSTOMER NO: 7458513

CHANGE OF AGENT

NAME: DLR LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

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	ume of the limited liability company: DLR EMPLOYER	R, LLC					
2. (a)	5707 SW PKWY BLDG 1, STE 275		(b) 5707 SW PKWY BLDG 1, STE 275				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) AUSTIN, TX 78735	_	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1, TX 78735		
3.	04/28/2009 Date of filing/registration in Florida	- 4.		M09000001565 Document number			
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC.				_		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD				7025 JA		
(b)	PLANTATION, FL	33324	333324				
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			ENS:	TOTALLANDISSEE, FL		
	NEW Registered Office Address: 1201 Hays Street						
	Tallahassee, FL_	32301					
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o cles of organization or the operating agreement of the l	registere bility co f the lim limited l	ed om nite lial	office and the pany, it is here ed liability cor- pility company	business office of the registered by confirmed that the change(s) inpany or as otherwise provided in		
				NIE LEE, AUTHORIZED PERSON			
I herel provisi the obli to mere notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. In I in writing of this change. GRACE E. KIRBY. ASSI	performa for in (ereby co	an Chi onj	this capacity ce of my dutie apter 605, F.S arm that the li	s, and Lam familiar with and accept.		

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