M16000007127

| • | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (Requestor's Name) | | | | | | | | | |
| | | | | | | | | | |
| (Address) | | | | | | | | | |
| | | | | | | | | | |
| (Address) | | | | | | | | | |
| (Addiess) | | | | | | | | | |
| | | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| | | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | | |
| | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| (Business Enary Hume) | | | | | | | | | |
| | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| | | | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |





100302551771

08/15/17--01018--006 **75.00

2011 AUG 15 PM 3: 36

17 2017 1. HARRIS

COVER LETTER

.

TO: Registration Section

| Divi | sion of Corporations | | | | | | | |
|---|--|------------------------|--------------------------------------|--|--|--|--|--|
| SUBJECT: | DM3 OF NEVADA, LLC | | | | | | | |
| SOBJECT. | Name of Limited Liability Company | | | | | | | |
| Dear Sir or N | Madam: | | | | | | | |
| The enclosed | d Registered Agent/Registered Office | Change and fe | e(s) are submitted for filing. | | | | | |
| Please return | all correspondence concerning this | matter to the fol | llowing: | | | | | |
| Michael M | lirrione | | | | | | | |
| | Name of Person | | - | | | | | |
| | Name of Person | | | | | | | |
| Wolz Corp | oorate USA | | | | | | | |
| | Firm/Company | | • | | | | | |
| 36 S. 18th | n Ave, Suite D | | | | | | | |
| | Address | | - | | | | | |
| Brighton, | CO 80601 | | | | | | | |
| | City/State and Zip Code | | - | | | | | |
| Comple | iance Capuldrumer laddress: (to be)used for future annu- | . LM | ation) | | | | | |
| , | • | | ation | | | | | |
| For further | information concerning this matter, p | lease call: | | | | | | |
| Michael M | Airrione | 303 | 665.9659 | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | | | | |
| ST | REET/COURIER ADDRESS: | MA | ILING ADDRESS: | | | | | |
| Reg | gistration Section | stration Section | | | | | | |
| | rision of Corporations | | sion of Corporations | | | | | |
| | fton Building | _ | Box 6327 | | | | | |
| | 1 Executive Center Circle lahassee, Florida 32301 | ahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| Z | \$25 Filing Fee | Q \$55 | Filing Fee & Certified Copy | | | | | |
| INHS18 (2/) | 4) | | | | | | | |

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: DM3 OF NEV | 'ADA, I | LL | .C | | | | |
|--------------------------------------|---|---|-------------------------|--|---|-------------------------------|---------------------|--|
| 2. (a) | 12124 MONTURA ROSA | (| b) | 12124 N | MONTURA R | OSA | | |
| (_) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| 0) | N | Mailing address of I (Note: MAY BE | | | |
| | LAS VEGAS, NV 89138 | | | LAS VE | GAS, NV 891 | 38 | | |
| | 09/07/2016 | _ | - | M160000 | 007127 | | | |
| 3. | Date of filing/registration in Florida | 4. | | · · · · · · · · · · · · · · · · · · · | Document num | ber | | |
| 5. (a) | NATIONAL REGISTERED AGENTS, INC. | | | | | | | |
| J. (w) | Registered Agent and Registered Office shown on the records of a 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET A | | | Dept. of State | - :: | A os | 2017 | |
| | Plantation, FL | 33324 | <u> </u> | | - | LAHAS | I AUG I | |
| (h) | Universal Registered Agents, Inc. | | | | | NSE N | S | G Parisa |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office ac | <u>d</u> dı | ress: | - | ار الله المالية المالية | PK | |
| | 3458 Lakeshore Drive | | | | | STATE | ઝ: ૩ ૬ | er strang Strang |
| | NEW Registered Office Address: | | | | - | • | | |
| | Tallahassee, FL | 3231 | 2 | | _ | | | |
| the cha agent was/w | imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the reg ability of of the lin | gist cor mi | ered office npany, it is ted liabilit | e and the busine s hereby confirm y company or a | ess office oned that the | of the r ne char | egistered ige(s) |
| \mathcal{A} | Me G Shalo | Ju | lie | A. Grac | | | | |
| I here provis the ob to mer | ture of a member or authorized spresentative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide tely resect a change in the registered office address, I in writing of this change. | ree to ac perforned for in hereby | ct i na : C co | in this cap nce of my hapter 605 nfirm that | Printed or typed of acity. I further duties, and I an 5, F.S. Or, if the the limited liab | agree to c | omply | with the nd accept ing filed s been |
| Signan | pure of Registered Agent Michael Mirrione, Assistant VP | | | | | | | |
| | Division of Corporations • P.O. 1 | Box 632 | 27 | • Tallaha: | ssee, FL 32314 | | | |

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