## M16000007127

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





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C/ 10/13/2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022				
	Merritt Walker	<del></del>			
	1795030				
	;	DM3, LLC			
☐ Article	es of Incorporation/Authoriz	ration to Transact Business			
Amen	ndment				
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other					
Authorized A	smount: <b>\$25</b>				
Signature:	mw				

+44 (0)20.3961.3080

F: +852.2682.9790

## 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. N	ame of the limited liability company:DM3_OF	NEVADA, LL	.C
2. (a)			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	No Change	<u>N</u>	lo Change
	September 7, 2016		M16000007127
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, I	NC.	
J. (11)	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of State:
	1317 CALIFORNIA STEET		
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)	<del></del>
			93
	TALLAHASSEE	32304	7927 C
	TALLAHASSEE	. FL 32304	
(b)	COGENCY GLOBAL INC.		$\frac{1}{2}$
(0)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office addres	2:
			<del></del>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	<sub>. FL</sub> 32301	
the cha agent was/w	limited liability company is not organized under thange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membicles of organization or the operating agreement of	te laws of the Sta ss of the register ed liability comp ers of the limited	ed office and the business office of the registered bany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Julie Gracz	Julie G	
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres d'in writing of this change.	l agree to act in olete performanc wided for in Cha is, I hereby confi	this capacity. I further agree to comply with the we of my duties, and I am familiar with and accep- pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been

Sean Honan, Assitant Secretary

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

/s/ Sean Honan
Signature of Registered Agent