10/10/24, 11:19 AM Division of Corporations

M18000003588

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000340801 3)))

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Account Name : BUSINESS FILINGS
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DPL FINANCIAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Fax Audit # H24000340801 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1 Name of limited liability Company as it appears on the records of the Florida Department of State DPL FINANCIAL PARTNERS, LLC

Enter new principal office address, if applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable.
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

2 The Florida document number of this limited liability company is. M18000002588

3 Jurisdiction of its organization: Kentucky

4 Date authorized to do business in Florida: 3/15/2018

SECTION II (5-9 complete only the applicable changes)

5 New name of the limited liability company:
(must contain "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6 If amending the registered agent and or registered officer address on our records, enter the name of the new registered agent and or the new registered office address here

Name of New Registered Agent:

New Registered Office Address:
Enter Florida Street Address

City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:
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 this change.

If Changing Registered Agent, Signature of New Registered Agent

Fax Audit # H240000340801 3

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change

Title/Capacity	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

David Peter Lau, Member

Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE CERTIFICATE OF CONVERSION OF A KENTUCKY LIMITED LIABILITY COMPANY "DPL FINANCIAL PARTNERS, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY "DPL FINANCIAL PARTNERS, LLC", WAS FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2020, AT 10:09 O`CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

4460279 8317F
SR# 20243725761

Authentication: 204426892
Date: 09-18-24

You may verify this certificate online at corp.delaware.gov/authver.shtml