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Division of Corporations

Florida Department of State
Division of Corporations
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((H24000340801 3)))



H240003408013ABCW

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Account Name : BUSINESS FILINGS
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Email Address: ykim@dpitp.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DPL FINANCIAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2024 OCT 10 PM 1:30

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 OCT 10 PM 12:59

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Electronic Filing Menu

Corporate Filing Menu

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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 BOX2 The Florida document number of this limited liability company is: M180000025883 Jurisdiction of its organization: Kentucky4 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," "LLC," 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," "LLC," 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 hereName of New Registered Agent: _____New Registered Office Address: _____Enter Florida Street AddressFloridaCityZip CodeNew 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

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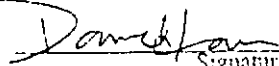
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction

Delaware

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

<u>Title</u>	<u>Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
				☐ Add
				☐ Remove
				☐ Add
				☐ Remove
				☐ Add
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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 signer

Filing Fee: \$25.00

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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