M18000005173

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

Office Use Only



400422522354

WAS TOS AHII: 29

R. HUNT 01/25-124 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

. .

	ACCOUNT NO.	:	I200000001	95			
	REFERENCE	:	281053	8438945	i		
	AUTHORIZATION	:	Lypuble	eren	ر		
	COST LIMIT	:	\$ (25,00				
ORDER DATE :	January 23, 2024	1					
ORDER NO. :	281053-008					· :	
CUSTOMER NO:	8438945				·); (1)	
	CHANGE OF A	 <u>4GEN</u>	<u>T</u>		SEE, FL	AM II: 29	
NAME :	DM TRANS LLC						
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	5 PR	OOF OF FILI	NG:			

EXAMINER'S INITIALS: _

CONTACT PERSON: Alexxis Weiland-sorenson

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.

I. Na	ume of the limited liability company:	0					
2. (a)	7701 Metropolis Drive Building 15	(b) 7701 Metropolis Drive Building 15					
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing addres (Note: MA		-	
	Austin, TX 78744	_	Austir	n, TX 78744			
	<u></u>						
	05/31/2018	_	M1800	00005173			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)							
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of	State:			
	C T CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>				
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION	33324 L					
		·			,		
(b)				.			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	ddress:		<u>. </u>	23111125	
	Corporation Service Company				SEE,	30 AH III: 30	j i j
	NEW Registered Office Address:				- THE SE	=	U
	1201 Hays Street				TE	30	
	Tallahassee, F.	32301					
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lier authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the e register iability co of the lir e limited	e State o ed offici ompany, nited lia liability	f Florida, it is he and the busine, it is hereby conbility company company, authorized Person	ess office offirmed the or as other	of the hat the erwise	registered change(s) provided in
Signa	nture of amember or authorized representative of a member			Printed or ty	ped name o	of signee	!
provisi he obi o mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perform ed for in hereby c	t in this nance of Chapter confirm t	capacity. I furt my duties, and 605, F.S. Or, i hat the limited	her agree I am fami If this doc liability c	e to cor iliar wi rument compan	nply with the th and accep is being filed y has been
	Drace 2 Kirbly		Grace E	. Kirby, Asst. V	/ice Presi	dent	
Signati	ire of Registered Agent						

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