

M 18000006460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

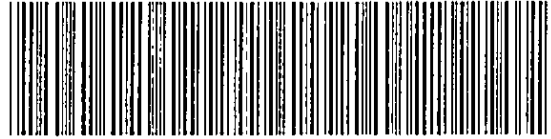
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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2020 JUL 21 PM 12:51

2020 JUL 21 AM 10:03

CLERK

JUL 27 2020



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

Account#: 120000000088

Date: 07/24/2020

Name: Chris Vick

Reference #: 1242698

Entity Name: DMCC 62ND AVE LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: [Signature]

**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. Name of the limited liability company: DMCC 62ND AVE LLC

2. (a) 234 N WESTMONTE DR (b) 234 N WESTMONTE DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SUITE 1040 SUITE 1040
ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

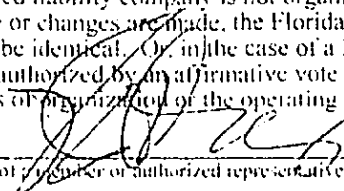
3. 7/6/2018 4. M18000006460
Date of filing/registration in Florida Document number

5. (a) COGENCY GLOBAL INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
201 N. NEW YORK AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 201
WINTER PARK, FL 32789

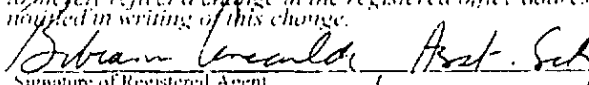
(b) COGENCY GLOBAL INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

7/7/2018 2:11 PM 10:03

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 VICTORIA SUTKOWSKI
Signature of member or authorized representative of a member Printed or typed name of signer

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.

 Brian Wenzel, Asst. Secy
Signature of Registered Agent

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