## M 19000003579

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

Office Use Only



700389425497

06/13/22--01610--014 \*\*25.00

2022 JUN 13 PH 4: 31

AUG 3 1 2027 S. PRATHE

## COVER LETTER

TO: Registration Section Division of Corporations	•							
DJ MONTGOMERY LLC SUBJECT:	,							
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning	this matter to the following:							
SCOTT J. SCHUSTER								
Name of Person								
CORPORATE SERVICE BUREAU INC.								
Firm/Company								
283 WASHINGTON AVENUE								
Address								
ALBANY, NY 12206								
City/State and Zip Code	•							
E-mail address: (to be used for future a	nnual report notification)							
For further information concerning this matter	er, please call:							
ERIN LEWANDOWSKI	518 463-4179 EXT. 1202							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the followi	ng amount:							
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

## 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.

l. Na	ame of the limited liability company:  DJ MONTGOME	RY LLC	· <del></del>		
2. (a)		(b	o)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		ū	nited liability company: OST OFFICE BOX)
	04/09/2019		M1900000	03579	
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
5. (a)					
). (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Sta	te:	
				_	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>S)</u>		
				_	
	, FL	·		_	⇒
(h)	CORPORATE SERVICE BUREAU INC.				BBZZ JUN 13
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	<del>-</del>	JUN
	1540 GLENWAY DR.				ILED 13 PH SEE, FL
	NEW Registered Office Address:			_	H 4: 3
	TALLAHASSEE , FL	32301		_	Α -
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere bility co	ed office ar ompany, it nited liabili	nd the business offi is hereby confirmed ty company or as o	ice of the registered d that the change(s)
	Scott Schuster  Schuster  Schuster  Schuster	SCO	OTT J. SCH	USTER	·
				Printed or typed nan	-
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act perform d for in ( hereby co	t in this cap ance of my Chapter 60 onfirm that	pacity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liability	ree to comply with the amiliar with and accep document is being filed y company has been
	Scott O Schuston				

Signature of Registered Agent