## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE DFPC, LLC

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## 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

2. (a)		(b)	)	
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ıy":	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	-
	4001 AURORA AVE N.		701 FIFTH AVENUE SUITE 55	00
	SEATTLE WA 98103		SEATTLE WA 98104	
	11/13/2019	١	M19000010978	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	REGISTERED AGENTS INC.			
J. (u)	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:	
	7901 4TH ST N.			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	STE:300		;; <u>22</u> 0	
	ST. PETERSBURG	_, <sub>FL</sub> 33702	2 2	۴II
(b)	Northwest Registered Age		DEI OCT 19 PH 4: 1	FILED
•	Enter name of NEW Registered Agent and/or NEW Regi	istered Office add	dress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300	<u></u>		
	St. Petersburg	<sub>FL</sub> 33702	2	
the cha agent v was/wa	imited liability company is not organized under tange or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membels of organization or the operating agreement of	the laws of the less of the registred liability contracts of the limit	State of Florida, it is hereby confirmed that a stered office and the business office of the repompany, it is hereby confirmed that the changuited liability company or as otherwise provides	gistereo (c(s)

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.

Printed or typed name of signee

ThereTom Glover - Assistant Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent