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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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## LLC REGISTERED AGENT CHANGE DRAGONFISH IL, LLC - SERIES A

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DCT 28 2020

## STATEME IT 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

Flori		ioh II		Carias				
1. N	Name of the limited liability company: Dragonfish IL, LLC- Series A							
2. (a	2321 E 4 ST #C500		(b) 2321 E 4 ST #C500					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	SANTA ANA, CA 92705	<del></del> ·	SANTA	A ANA, CA 92705				
	01/06/20		M20000	0000938				
3.	Date of filing/registration in Florida	4.	<del></del>	Document number				
5. (a	MY REALTY STORY LLC							
J. (0		Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
601 DEL PRADO BLVD N #8								
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>SS)</u>	_				
		202						
	CAPE CORAL	AL <u>FL</u> 33909						
(b)	Penistered Agents Inc			2020 OC. 27				
ÇO,	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	- 10: - 10:				
	7901 4th St N			10: 39				
	NEW Registered Office Address:			-				
	STE 300			_				
	St. Petersburg	<sub>FL</sub> 3370	)2	<u></u>				
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re liability s of the l	gistered office company, it i imited liabilit	e and the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in				
<u> </u>	Lux Park	<u>R</u>	iley Park					
Signature of a member or authorized representative of a member				Printed or typed name of signee				
I her provi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple	gree to c te perfoi	ict in this cap mance of my	acity. I further agree to comply with the duties, and I am familiar with and accept				

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent