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Division of Corporations

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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 B

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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.

1.	Name of the limited liability company: Dragonfis	sh IL	., LLC -	Series B	
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		SANTA	A ANA, CA 92705	
	01/06/20		M20000	0000939	
3.	Date of filing/registration in Florida	 4.		Document number	
5. (	MY REALTY STORY LLC				
J. 1	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	- e:	
	601 DEL PRADO BLVD N #8			~2 <sub>0</sub>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2420 GC ;	
	CAPE CORAL FI	3390	9	2.7	
(b	Registered Agents Inc.			<del>.</del>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	idress:	- သ ထ	
	7901 4th St N				
	NEW Registered Office Address:			-	
	STE 300			_	
	St. Petersburg , FL	3370	2	_	
the c agen was/ the a	limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the regability of the linited	istered offic- ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	nature of a member or authorized representative of a member	<u> </u>	eyraik	Printed or typed name of signee	
I her prove the o to me notif	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I lied in writing of this change.  Bill Havre - Assistan ature of Registered Agent	perform d for in hereby	nance of my Chapter 60; confirm that	acity. I further agree to comply with the	