M2000009579

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #)	
	•	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	<u></u>
(Đơ	ocument Number)	
Copies	Certificates of	Status
<u></u>		
Instructions to Filir	ng Officer:	
		r.
		

Office Use Only



800407521178

A COURSE FLORIDA

APR 27 2023



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

Account#: 120000000088

Date:	04/26/2023					
	Merritt Wa	alker				
	#: 196 1					
	ntity Name: DCN TRADE SERVICES, LLC					
	es of Incorporation	n/Authorizatio	n to Transact Business			
_	nge of Agent					
Rein	statement					
☐ Conv	ersion					
☐ Merg	er					
☐ Disso	olution/Withdrawal					
☐ Fictit	ious Name					
Othe	r	····				
Authorized /	Amount:	\$25				
Signature:		mw				

F: 800.944.6607

F: +852.2682.9790

- 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. Na	me of the limited liability company: DCN TR	ADE	SERVICES, LLC			
2. (a)	(b) 4901 Vineland Rd, Suite 300					
(u) .	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
			Orlando, FL 32811			
	No Change			,		
	October 23, 2020		M2000009579			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CORPORATION SERVICE COMPANY					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	1201 HAYS ST			76		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS</u>	<u> </u>	2023 APR (
	TALLAHASSEE , IFI	32301	<u> </u>	26 PH		
(b)	COGENCY GLOBAL INC.					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>dress</u> :	-		
	115 North Calhoun St., Suite 4					
	NEW Registered Office Address:					
	Tallahassee	32301				
the cha agent w was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the nomas M. Kominsky	ws of the the regis ability co of the lim limited l	stered office and the business off ompany, it is hereby confirmed th nited liability company or as other	ice of the registered at the change(s)		
	ture of a member or authorized representative of a member		Printed or typed name of	signee		
provisi the obl to mere notifice	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to act perform d for in (hereby co	t in this capacity. I further agree ance of my duties, and I am famil hapter 605, F.S. Or, if this doct onfirm that the limited liability co	to comply with the liar with and accept ment is being filed ompany has been		