M21000006658

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: \$25
Q. SILAS
JUL 19 2022
7/7/22

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2022

AGILE LEGAL 651 N. BROAD STREET SUITE 308 MIDDLETOWN, DE 19709

SUBJECT: DEALMAKER TRANSFER AGENT LLC Ref. Number: M21000006658

We have received your document and check(s) totaling \$280.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 122A00010718

COVER LETTER

TO: Registration Section Division of Corporations

DEALMAKER TRANSFER AGENT LLC
SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hanna Wolf or Joshua Ginter

Name of Person

Agile Legal

Firm/Company

651 N. Broad Street, Suite 308

Address

Middletown, DE 19709

City/State and Zip Code

compliance@agilelegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hanna Wolf or Joshua Ginter	302 at (376-6710
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

(a)			(b)
• /	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y:	(b)
	16540 POINTE VILLAGE DRIVE, SUITE 201		16540 POINTE VILLAGE DRIVE, SUITE 201
	LUTZ. FL 33558		LUTZ, FL 33558
	06/02/2021		M2100006658
	Date of filing/registration in Florida	4.	Document number
(a)			
(-)	Registered Agent and Registered Office shown on the reco	rds of the Flori	ida Dept. of State:
	Global Virtual Agent Services, Inc.		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	<u>SS)</u>
	1408 Harbour Walk Road		C7
	Tampa		TAC :
	i anipa	ET 33602	
	Tampa	_, FL	
(b)			RETARY
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>		RETARY OF
(b)			RETARY OF STAT
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> Universal Registered Agents, Inc.		RETARY OF STATE

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MEIGHAN LEON

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00