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	Division of Corporations Fax Number : (850)617-6383	
From:	: Account Name : REGISTERED AGENT SOLUTIONS INC	
	Account Number : 120100000062	
	Phone : (888)705-7274	
	Fax Number : (888)706-7274	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DICKINSON GROUP, LLC

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:

Joshua Murphy

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

Corporate Center One, 5301 Southwest Pkwy, Ste 400

Address

Austin, TX 78735

City/State and Zip Code

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

For further information concerning this matter, please call:

Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following am	ount:
	D. CCC Diller - Dec & Cardifield Carry

S25 Filing Fee

S55 Filing Fee & Certified Copy

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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.

Na	me of the limited liability company: DICKIN		$\frac{1}{1}$			
	50 CHARLES LINDBERGH BLVD	(1	ູ 50 CH	ARLES LIN	DBER	RGH BLVI
(a) _	Principal office address of limited liability company:	Mailing address of I				
	(Note: MUST BE STREET ADDRESS)			(Note: MAYBE		
	UNIONDALE, NY 11553			NDALE,		11553
	8/4/2021			0009986		
	Date of filing/registration in Florida	<u> </u>		Document num	ber	
				Document		
(a)	BLUMBERG EXCELSIOR CORPORATE			_		
	Registered Agent and Registered Office shown on the record	ls of the Florid	a Dept. of Sta	te:		
	155 OFFICE PLAZA DR 15					
		ST FL		-		
	155 OFFICE PLAZA DR 15	ST FL	<u>S)</u>			2022
(b)	155 OFFICE PLAZA DR 18 Registered Office Address (MUST BE FLORIDA STRE	ST FL	<u>S)</u>	-	1• 	2 1177 2202 J
(b)	155 OFFICE PLAZA DR 18 Registered Office Address (MUST BE FLORIDA STRE TALLAHASSEE	ST FL <u>et addres</u> , fl 3230 c.	<u>ຍ</u> 01	-	:• - 	82 HIT 2202
(b)	155 OFFICE PLAZA DR 15 Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE Registered Agent Solutions, Inc.	ST FL <u>et addres</u> , fl 3230 c.	<u>ຍ</u> 01		:• •	PN
(b)	155 OFFICE PLAZA DR 15 Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered	ST FL <u>et addres</u> , fl 3230 c.	<u>ຍ</u> 01		-	PM I: 2
(b)	155 OFFICE PLAZA DR 15 Registered Office Address (MUST BE FLORIDA STREE) TALLAHASSEE Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Dr.	ST FL <u>et addres</u> , fl 3230 c.	<u>ຍ</u> 01			

the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

/s/ Kevin Chavarria Kevin Chavarria

Authorized Person

Signature of a member or authorized representative of a member

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.

Hockargu At Mackenzie Hart, Asst, Secretary

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