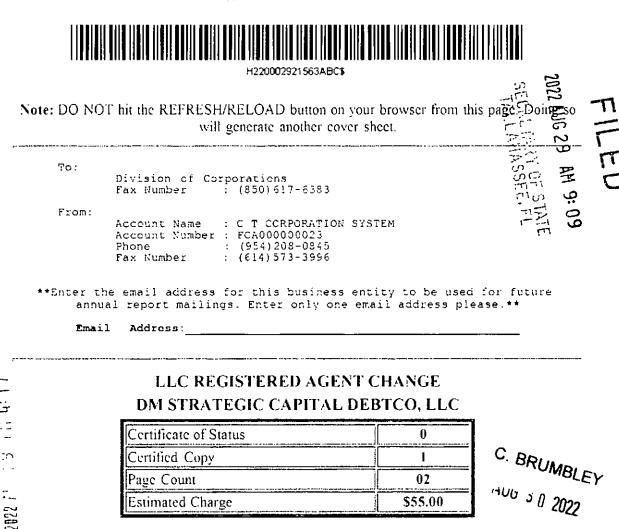


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002921563)))



Electronic Filing Menu Corporate Filing Menu

Help

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.

l. N	ame of the limited liability company: DM STRATEGE	C CAPITAL D	DEBTCO, LLC
2. (a)	No Change	(b) No Change	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•	09/30/2021		1000012915
3.	Date of filing/registration in Florida FURMAN, RYAN	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	or, of State:
	Registered Office Address	ADDRESS)	2022 AUG SECRCI
(b)	ORLANDO , FI	32801	AUG 29
	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FI	33324	
the changent was/w the art Sign	limited liability company is not organized under the lar ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the physical part of an authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change on the registered office address.	f the registere ability compared the limited liability DA	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company. VIS, MANAGER Printed or typed name of signee
By: _{Mic}	ed'in writing of this change. CT Corporation System Wickle Helden. hele Holden, Asst Sect Wickle Helden. are of Registered Agent		

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