1220006964

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



800390252028

2022 JUL 14 AM 10: 26

RECFIVED

2022 JUL 14 AM 11: 42

A. BUTLER JUL 15 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 802964 7404935						
AUTHORIZATION Spellice Har						
COST LIMIT : \$\frac{25.00}{}						
ORDER DATE : July 13, 2022						
ORDER TIME : 9:15 AM						
ORDER NO. : 802964-005						
CUSTOMER NO: 7404935						
CHANGE OF AGENT						
NAME: DD PORT HARBOUR II, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
EXAMINER'S INITIALS:						

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.

I. Na	ame of the limited liability company: DD PORT HAR	BORUR	II, LLC		
2. (a)		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	403 CORPORATE CENTER DRIVE STE 201		403 COF	RPORATE CENTER DRIVE STE 201	
	STOCKBRIDGE, GA 30281		STOCKBRIDGE, GA 30281		
	05/04/2022		M220000	06964	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	nte:	
	C T CORPORATION SYSTEM				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD					
	· · ·	-			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	NEW Registered Office Address:			- :2	
	1201 Hays Street				
	Tallahassee	32301			
Signa I here provisi the oblionero notified	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable appropriate by an affirmative vote of the members of cless of organization or the operating agreement of the turn of a number or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	register ability cof the limited	red office ar company, it nited liabili liability con Cilmi	of the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signce	