

M24000000747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

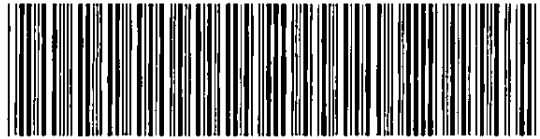
(Business Entity Name)

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2024 MAR -6 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2024 MAR -6 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/06/2024  
Acc#I20160000072

*en: c DW*

Name:	Digital Edge DE, LLC
Document #:	
Order #:	15417002 - 6

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **25.00**

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Digital Edge DE, 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:

Jeff Wolf  
Name of Person

Digital Edge DE, LLC  
Firm/Company

2705 Dougherty Rd., Suite 202  
Address

St. Louis, MO 63122  
City/State and Zip Code

Jeff.Wolf@agital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lockwood at ( 214 ) 765-3618  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

# 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. Name of the limited liability company: Digital Edge DE, LLC

2. (a) 2705 Dougherty Rd., Suite 202, St. Louis, MO 63122  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 2705 Dougherty Rd., Suite 202, St. Louis, MO 63122  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 01/22/2024  
Date of filing/registration in Florida

M24000000747  
4. Document number

5. (a) Cogency Global Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

115 N. Calhoun St., Ste 4.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) C T Corporation System  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

[Signature]  
Signature of a member or authorized representative of a member

Jeff Wolf  
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.

C T Corporation System  
By: David Westcott Assistant Secretary  
Signature of Registered Agent

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