M24000007424

(Requestor's Name)							
(Address)							
(Address)							
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10:110:110:110							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGŁOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	<u> </u>	
Name:	Ovidshel Occean Jr.	
Reference	#: 2728008	
Entity Name	e: DIGITAL FIRS	T HOLDINGS LLC
_	les of Incorporation/Authorization	o Transact Business
_	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	er	
Authorized .		
Signature:	O. Buen Ju.	

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. N	lame of the limited liability company: DIGITAL	_ FIRS	T HOL	DINGS	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)			
	No Change	_	No Change				
	June 11, 2024		M2400007424				
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	Corporation Service Company			_			
`	Registered Agent and Registered Office shown on the records of	: ::	-4	<u>~2</u>			
	1201 Hays Street				TÄLLÄHÄSSEE, FLORIDA		3 .x
	Registered Office Address (MUST BE FLORIDA STREET	IDA STREET ADDRESS)					TI
	Tallahassee, FI	32301	-2525		SEE, F	PM	
(b)	COGENCY GLOBAL INC.		PM 2: 47 SEE, FLORID				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:) }	_	
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:	-					
	Tallahassee Fi	32301		-			
the chagent was/w	limited liability company is not organized under the la lange 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	iws of the f the regis iability co of the limi	tered office mpany, it is ited liability	e and the busing thereby confir y company or a	ess officermed that	ce of the	e registered ange(s)
/s	/ David Goldman		David (Goldman			
Sign	ature of a member or authorized representative of a member	-	Printed or typed name of signee				
I here provis the ob to men notifie	thy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	ree to act e performa ed for in C hereby co	in this cape ince of my o hapter 605 nfirm that	acity. I further duties, and I a . F.S. Or, if th the limited liad	r agree t m familie his docur bility cor	o comp ar with nent is npany i	ly with the and accept being filed las been
	im Mayville						
Signat	ure of Registered Agent						

Tim Mayville, Assistant Secretary

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