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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future- . annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE DMI PARTNERS INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		

Mary Castillo Name of Contact Person	at (888) 705-7274 ode & Daytime Telephoi	ne Number	
For further information concerning this matter, please	e call:			
E-mail address: (to be used for future annual rep	ort notification)		
City/State and Zip Code				
Austin, Texas 78735			•	
Address				
Corporate Center One, 5301 Southwest Pkwy, Ste 400			-	工 (O
Firm/Company			2	2
Registered Agent Solutions, Inc.			٠. ٥	7
Name of Contact Person			5	,
Mary Castillo			2022 DEC -0	<u>.</u>
Please return all correspondence concerning this mat	ter to the follow	ing:	2(<u>.</u>
The enclosed Statement of Change of Registered Off	fice/Agent and f	ee are submitted for filing	g.	
DOCUMENT NUMBER: P03000107	392			
Name of Corporation	200			
SUBJECT: DMI Partners Inc.				

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607,0502, 61 pange is submitted for a corporation of her to change its registered office or i	organized under the lay	ws of the State of Flor	rida
	the corporation: DMI Partners	•	n, in the state of 1 ton	att.
	office address: 1 South Broad		or Philadelphia,	PA 19107
	address (if different):			
4. Date of inco	rporation/qualification: 9/30/2003	Document i	number: <u>P0300010</u>	7392
	nd street address of the current registe artment of State: (If resigned, enter re		ed office on file with th	ie
	REGISTERED AGEN	NT INC.		202
	7901 4TH STREET NORTH	i SUITI	E 300	2022 DEC
	ST. PETERSBURG	FL	33702	6
6. The name an (if changed):	Registered Agent Solu		d /or registered office	AH 9: 17
	155 Office Plaza Dr.	Suite A		
	Tallahassee	O.Box NOT acceptable FL 32301	1	
The street addr	ress of its registered office and the s I be identical.	treet address of the bu	siness office of its reg	pistered agent,
	as authorized by resolution duly ad- he board, or the corporation has bec			
1st Peter W	. Hilton-Kingdon	Peter W. Hilt	-	cretary
Thereby accept I further agree of my duties, as document is be corporation ha	t the appointment as registered age to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in i I statutes relative to the e obligation of my post in the registered office	**	e performance ent. Or, if this nfirm that the
Hodea	. .	12/06/2022	,	
Si	gnature of Registered Agent		Date	
If signing on be	chalf of an entity:			
Mackenzie Hart	, Assistant Secretary			
1	Typed or Printed Name * * * FILING	G FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)