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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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## REGISTERED AGENT CHANGE DLM SALES, INC.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sange is submitted for a corporation organized under the laws of the State of
	ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: DLM Sales, Inc.
2. The princips	al office address: 5901 N. Hills Circle, Charlotte, NC, 28213
3. The mailing	address (if different):
4. Date of inco.	rporation/qualification: 10/06/2010 Document number: F09000003804
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	CAPITOL CORPORATE SERVICES, INC.
	155 OFFICE PLAZA DR SUITE A
	TALLAHASSEE FL 32301 US
6. The name an (if changed):	TALLAHASSEE FL 32301 US  d street address of the new registered agent (if changed) and /or registered office  C T Corporation System  c/o C T Corporation System, 1200 South Pine Island Road  P.O. Box NOT acceptable
	CT Corporation System
	c/o C T Carporation System, 1200 South Pine Island Road
	Plantation, Florida 33324
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, eache corporation has been notified in writing of the change.
92-12	Gary Westlund, President
/ /	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	Order System  1/18/13  nature of Registered Agent
If signing on be	half of an entity:
	S. Cliffin Asst. Secretary  pod or Printed Nume
·	* * * FILING FEE: \$35.00 * * *
M/ CR2E045 (03/12)	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

006 - 10/25/2012 Walters Kaneer Online