Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait Mail out ☐ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Amendment ☐ Not for Profit Resignation of R.A., Officer/Director ☐ Limited Liability ☐ Change of Registered Agent Domestication ☐ Dissolution/Withdrawal Other ☐ Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name ☐ Limited Partnership ☐ Reinstatement Trademark Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608. liability company submits the following statement in ord agent, or both, in the State of Florida.	er to change its registered system of the second
1. The name of the limited liability company is:	D.F. + B. Properties, LLC
2. The mailing address of the limited liability company is	101 THE ().
•	Ft. Lauderdale, FL 33301.
3-9-99	L99000001334
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State: Corporation Service	_
Name	, , ,
1201 Hays Street Address	
Tallahasee FL	32301
City, State and	d Zip 8
6. The name and address of the new registered agent and/or office:	
Kubicki Draper (ATTN: Paul James Note 1600 ATTN: Paul James September 1500
Name One F Browned B	Ivo. Suite 1600 Fin 50
Florida street address (P.O. E	Ivo Suite 1600 Box NOT acceptable) Fig. 50 Fi
Ft. Lauderdale FL	
City, State and Zip	
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 of a member or authorized representative of a member)	ent.
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	a agree to act the this capacity. If the third gree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
(Signature of Registered Agent) Division of Cornerations, P.O. Box	6227 Tollahassaa EY 22214
Division at Carnoralians, P.U. Bax	UJA (. I AHAHAJICC , L'II JAJAT

INHS18(10/99)