L08000117985

(Requestor's Name)			
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(Business Entity Name)			
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SECRETARY OF STATE
BIVISION OF CORPORATION

T. HAMPTON

NOV 1 9 2010

EXAMINER

COVER LETTER

7	TO: Registration Section Division of Corporations		
	SUBJECT: BDLTX 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:		
	Lang Baing arter. Name of Person		
·			
Firm/Company			
3561 SW /st Are.			
Address			
Miami, FL 33145			
City/State and Zip Code City/State and Zip Code Ang & be 5 outh Net E-mail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:		
	Lang Banmgarter, 305, 859 9719		
	Name of Person Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: MAILING ADDRESS:		
	Registration Section Registration Section Division of Corporations Division of Corporations		
	Clifton Building P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:			
	\$25 Filing Fee \$25 Filing Fee & Certified Copy		

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

Pursuant to the provisions of sections 608.416 or 608.58 liability company submits the following statement in order agent, or both, in the State of Florida.)8, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	DLIX LLC
2. (a) Principal office address of limited liability company	: 356/5W/st Sue.
(Note: MUST BE STREET ADDRESS)	Miani, 72 33145
(b) Mailing address of limited liability company:	same as above
(Note: MAY BE POST OFFICE BOX)	
12/16/2008	L08000117985
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	Lang Baungakter
Registered Office Address:	2891 Coaccochee St
	Cocaunt GROVO FL
	33/3
(b) Enter name of NEW Registered Agent and/or NEW	
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3561 SW 1st Are.
	Mean, FL 33/4
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Floand the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee. I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the provisional I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mark address, I hereby confirm that the limited liability company	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative yote vise provided in the articles of organization NOV OF STARY O
Chapter 608, F.S. Or, if this document is being filed to mare address, I hereby confirm that the limited liability company	ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	
Division of Cornerations P O Roy 632	7 Tallahassee FL 32314

FILING FEE: \$25.00

INHS18 (05/08)