## I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MPT

SIGNATURE: DEMETREE, J. C., JR.

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

SIGNATURE: J. C. DEMETREE, JR.

## Authorized Person(s) Detail :

Authorized Ferson(s) Detail.				
Title	MPT	Title	VPSAT	
Name	DEMETREE, J. C. JR.	Name	DEMETREE, MARK C	
Address	P.O. BOX 47050	Address	P.O. BOX 47050	
City-State-Zip:	JACKSONVILLE FL 32247-7050	City-State-Zip:	JACKSONVILLE FL 32247-7050	
<b>-</b>				
Title	VPAS	Title	VPAS	
l itle Name	VPAS DEMETREE, CHRISTOPHER C	Title Name	VPAS DUNN, M HARRIS	
Name	DEMETREE, CHRISTOPHER C	Name	DUNN, M HARRIS	

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## Name and Address of Current Registered Agent:

JACKSONVILLE, FL 32207

1551 ATLANTIC BLVD.

SUITE 300

SUITE 300

# P.O. BOX 47050

**Current Mailing Address:** 

JACKSONVILLE, FL 32247-7050 US

Entity Name: DCL INVESTMENTS, LLC

**Current Principal Place of Business:** 

FEI Number: 45-5034919

DEMETREE, J. C. JR. 1551 ATLANTIC BLVD.

JACKSONVILLE, FL 32207 US

## FILED Mar 27, 2018 Secretary of State CC9409590837

03/27/2018 Date

Certificate of Status Desired: No

03/27/2018 Date