

523383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

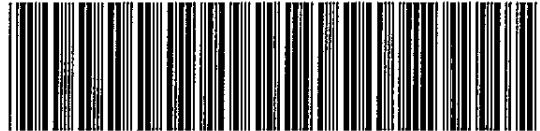
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/15/04--01059--025 \*\*1400.00

FILED

04 DEC 15 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 DEC 15 PM 3:03

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

*R.A. Change*

C. Gaudin DEC 16 2004

**CT Corporation System**

660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

DCA Financial Corp.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input checked="" type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name 12/15/2004

Order#: 6244755

Availability \_\_\_\_\_

Document AAM

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of*  
Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: DCA Financial Corp.
2. The principal office address: \_\_\_\_\_  
700 N.W. 107th Avenue, Suite 300, Miami, FL 33172
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/28/1977 Document number: 523383
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Benjamin P. Butterfield, Esq.

700 N.W. 107 Avenue, Suite 400

Miami, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

L. Christian Marlin VP  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By: Connie Bryan  
(Signature of Registered Agent)

12/15/04  
(Date)

If signing on behalf of an entity:

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

(Typed or Printed Name)

(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314