Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

DC GROUP INC. - WHEN POWER IS CRITICAL

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15:42 4007-T0-00N

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flori		tes,
this statement of Minnesota	t of change is submitted for a corporation organized under the laws of the Stat	-	
· · · · ·	in order to change its registered office or registered agent, or both,	in the Si	ate
of Florida.	of the corporation; DC Group Inc. dba DC GROUP INC WHEN POWER IS CR	ACA)	
	<del>-</del>	=======================================	2
2. The principa	pal office address: 1977 West River Rd North, Minneapolis, MN 55411	- F	五
		모레	2
		25 P	
3. The mailing	g address (if different):	مرين سراجيا	<u>.</u>
	•	<u></u>	ñ 7
4. Date of incom	orporation/qualification: 11/16/2004 Document number: F04000	00065265	E.
	and street address of the current registered agent and registered office on file we partment of State:	ith the	> >
,	C T CORPORATION SYSTEM		
•	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION FL 33324		
6. The name a changed):	and street address of the new registered agent (if changed) and /or registered Business Filings Incorporated	ed office	(if
	1203 Governors Square Blvd Suite 101		
	(P.O. Box or personal mailbox NOT acceptable)		
	Tallahassee, FL 32301-2960		
The street addragent, as change	dress of its registered office and the street address of the business office of its reged will be identical.	s register	əd
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors or by an or the board, or the comporation has been notified in writing of the change.	officer so	)
	Jonathan Frank, President		
(Signature of an office	oer, chairmair or vice chairman of the board) (Printed or typed name and title)		
I hereby accept I further agree performance of registered ager office address,	pt the appointment as registered agent and agree to act in this capacity. he to comply with the provisions of all statutes relative to the proper and com of my duties, and I am familiar with and accept the obligation of my position ent. Or, if this document is being filed merely to reflect a change in the regis s, I hereby confirm that the corporation has been notified in writing of this cl	plete i as stered hange.	
mw	10/29/07		
(5	(Signature of Registered Agent) (Date)		
If signing on beha	half of an entity:		
Mark Williams	AVP		
- (	(Typed or Printed Name) (Capacity)		
	* * * FIT INC FFF • \$35 00 * * *	•	

" " " 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

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