(Requestor's Name)				
(Address)				
(Address)				
(0) (0) 17 (7)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200254063702

11/25/13--01033--012 **35.00

13 NOV 25 AM 10: 38

C. LEWIS

DEC 3 2013

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington
B00-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: November 21, 2013

Order#: 890224-005

Re: DC GROUP INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute a organized under the laws of the State of Minne registered agent, or both, in the State of Florida	sota	
	he corporation: DC GROUP INC.			
		ad North, Minneapolis, MN 55411		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 11/16/2004	Document number: <u>f04000006520</u>		
	street address of the current regis tment of State: (If resigned, enter	tered agent and registered office on file with the resigned)		
	Business Filings Incorporated			
515 E. Park Avenue				
	Tallahassee	FL 32301	TAL.	
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered office	SECRETARY OF STATE	
	Corporation Service Company		Erra 3	
	1201 Hays Street		0: 3: STAI 1 OR	
		Box NOT acceptable	55 8	
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the be identical.	street address of the business office of its regis	tered agent,	
Such change was authorized by the	s authorized by resolution duly a board, or the corporation has b	dopted by its board of directors or by an officer een notified in writing of the change.	r so	
		Dona Priebe, Vice President		
Signatur	re of an officer or or ector	Printed or typed name and title		
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a mv duties, and I am familiar with	ent and agree to act in this capacity. ull statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office additified in writing of this change.	gistered ress, I	
By: Signi	a august	11/20/2013		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Sylvia Queppet	, Assistant Vice President			
Typed or Printed Name				

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