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SECRETARY OF STATE DIVISION OF STATE

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	l liability company is:	DG Alpha P	roperties, LLC	<u> </u>	
2. The mailing address of					
Lakeland, Florida 33809	9				<u></u>
07/16/2001		L01000011689			-
3. Date of filing/registration in Florida		4,	Document nu	mber	 _
5. The name of the register Florida Department of S	red agent and the regist tate: David Abbott	tered office add	lress as shown	on the records of	the
	1325 Walt Williams	Name Road		_	٠ ٠
	Lakeland, Florida 33	Address 3809 State and Zip		· ·	
6. The name and address o	f the new registered ag	gent and/or offic	ce:		2
	David Abbott			Ç	SEC.
_	4243 Pebble Pointe	lame Drive		•	SECRETAN
_	Florida street address (P.O. Box NOT acceptable)				-5 - REB
_	Lakeland	_{FL} 33813	<u> </u>	_ -	REDR REDR
	City, Si	tate and Zip			STATE STATE PRATIO
If the limited liability composition of the character the character the business office of the liability company, it is here the members of the limited the operating agreement of	ange or changes are ma he registered agent will by confirmed that the liability company or a	ade, the Florida Il be identical. change(s) was/ is otherwise pro	street address Or. in the case	Florida, it is herel of the registered of a Florida limi	by 50 office ted
(Signature of a member or authoriz	•	r)	* •	•	
(Printed or typed name of signee)	Γ				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to (Signature of Registered Agent)	atment as registered ag of all statutes relative accept the obligations is document is being f that the limited liability	ent and agree to the proper is to of my position aled to merely i y company has	to act in this co and complete p as registered eflect a chang been notified i	spacity. I further verformance of m agent as provided e in the registered in writing of this o	agree to y duties, d for in d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00