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## **COVER LETTER**

TO:	Registration Section Division of Corporations	e upt distribution in	. <del>"</del>
SUBJI	ECT:DC	S-I GROUP, LLC	<u> </u>
	(Nam	ne of Limited Liability Company)	
	ir or Madam:		
The en	closed Registered Agent/Registe	ered Office Change and fee(s) are submit	ted for filing.
Please	return all correspondence conce	rning this matter to the following:	
	CARLOS E. ULLOA		20 SI TAL
	(Name of Person)		CRE ≥
	DCS-I GROUP,LLC	<u> </u>	AUG 17 P AHASSEE, FLO
	(Firm/Company)		
	501 Brickell Key Dr. suite	e 405	D 1: 45 FEORIDA
	(Address)		
	Miami, FL. 33131		
	(City/State and Zip Code)		
For fur	ther information concerning this	s matter, please call:	
Ca	arlos E. Ulloa	at (786 ) 363.0920 / 30 S	377.2998
	(Name of Person)		ne Telephone Number)
	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the fol	llowing amount:	
	<b> ✓</b> \$25 Filing Fee	\$55 Filing Fee & Certif	ied Copy

## 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: DCS-I GR	OUP, LLC				
2. The mailing address of th	ne limited liability company is	: 501 Brickell Key Dr.	suite 40	)5 Miar	ni FL 331	31
	<b>-----------------------------</b>	-	<del></del>			
			<u> </u>	<u> </u>		<u></u>
10/19/2001		L01000018056			<u> </u>	
3. Date of filing/registration	in Florida	_4. Document num	nber			
5. The name of the registered Florida Department of Sta	d agent and the registered officite:	e address as shown	on the r	ecords	of the	
	ULLOA, CARLOS	3 E				
_	Name		•			
	701 Brickell Ave. su	ite 850				
	Address	.=-				
	Miami, FL. 3313		_== -			
_	City, State and	Zip	ESE SE			
6. The name and address of the new registered agent and/or office:				AUG		٠.
	ULLOA, CARLOS	E	ARY		m	
	Name		E Q	U		
	501 Brickell Key D		S			
<b>I</b>	Florida street address (P.O. Bo	x NOT acceptable)		£5		
	Miami, FL 33	131	DE A	<u>ਨ</u>		
	City, State and Z	ip				-
confirmed that after the char and the business office of the liability company, it is hereb of the members of the limite	any is not organized under the rige or changes are made, the Fe registered agent will be idently confirmed that the change(sed liability company or as other the limited liability company)	'lorida street address tical. Or, in the case ) was/were authorize rwise provided in the	of the i of a Fl d by ar	egister orida l affirn	red office imited native vo	te
RIBIAND DATI	al O					

BIBIANA PATING

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00