L01000018056

(Requestor's Name)		
(Address)		
(Address)		
(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



100160016451

08/28/09--01015--013 **25.00

09 AUG 28 AM 10: 4 1

T. HAMPTON

AUG 3 1 2009

EXAMINER



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DCS-I GROUP LLC Name of Limited Liability Company		
• Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
CAMOS E. ULLOA. Name of Person		
DCS-I GROUP LLC Firm/Company		
799 BRICKELL PLAZA, Svire 801		
MIAMI FI. 33131 (City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ROBERT FREEMAN at (305 377- 2998	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section	
Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified 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.

agent, or both, in the state of 1 tortain.	
1. Name of the limited liability company: DCS-J	- GROUP LLC
2. (a) Principal office address of limited liability compar	ny: 799 BRICKELL PLAZA
(Note: MUST BE STREET ADDRESS)	Suite 801
	MIAM, Fl. 33/31
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	SAME AS ABOUE
10/19/2001	L0/00018056
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	CARLOS E. ULLOA
Registered Office Address:	501 BRICKELL KEY OR, #405 MIAMY FI. 33,31
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	CW Registered Office address: CARLOS E. ULLOA. 799 BRICKEU PLAZA SUITE 801
(MUST BE FLORIDA STREET ADDRESS)	SUITE 801 MIAMI ,FL 33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office
Signature of a member or authorized representative of a member	
CARUS E ULLDA · MONAGER Printed or typed name of signee	OF STATE RPORATIO LAMIO: L
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compand	
Signature of Registered Agent	
Division of Cornerations, P.O. Poy 6	227 Tollohassas El 22214

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