

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

DS GLOBAL INVESTMENTS, LLC

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

Pursuant to the provisions of sections 608 liability company submits the following sta agent, or both, in the State of Florida.	1.416 or 608.508, Florida Statute tement in order to change its reg	s, the undersigned istered office or re	d limite egistere
1. The name of the limited liability company	y is: DS Global Investments, LLC		_
2. The mailing address of the limited liabilit	ty company is: 30 St. George St	treet,	
St. Augustine, FL 32084			
1/30/04	L04000008455		
3. Date of filing/registration in Florida	4. Document nu		
5. The name of the registered agent and the r Florida Department of State:			he
Ben Israel Aid	on	·	
 ,	Name		
30 St. George		. 7	
- A	Address	2000 MAY SECRETA	
St. Augustine, I		. AS ==	
C	ity, State and Zip	AA	11
6. The name and address of the new registere	ed agent and/or office:	A SEE	FILED
Donald W. Wal	llis	P A	m
4004 51	Name	STA LOR	D
	e Boulevard, Suite 1500	ID: 1	
Flonda street add	ress (P.O. Box NOT acceptable)	A' ' ' ' \	
Jacksonville	FL 32207		
Cit	y, State and Zip		
If the limited liability company is not organize on firmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compared that or the operating agreement of the limited liability.	e made, the Florida street address twill be identical. Or, in the case the change(s) was/were authorized any or as otherwise provided in the ility company.	of the registered of of a Florida limited d by an affirmative	ffice d vote
(Signature of a member or authorized representative of a me	imper)		
Danny Schechter			
(Printed or typed name of signes)			
I hereby accept the appointment as registered comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is bein address, I hereby confirm that the limited liab	d agent and agree to act in this cap tive to the proper and complete pe ions of my position as registered a ng filed to merely reflect a change vility company has been notified in	pacity. I further as rformance of my d gent as provided fo in the registered o writing of this cha	ree to uties, or in ffice inge.
(Signature or Registered Agent)			

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