

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From: Angelica M. Chiru

Account Name : AKERMAN SENTERFITT (MIAMI)
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

08 JUL 22 AM 8:45

RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

REGISTERED AGENT CHANGE

DPI OF NORTH BROWARD, LLC

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JUL 23 2008

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # H08000178479 .

**STATEMENT OF CHANGE OF REGISTERED AGENT AND REGISTERED OFFICE
FOR LIMITED LIABILITY COMPANY**

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

1. The name of the Company is DPI OF NORTH BROWARD, LLC (the "Company").
2. The address of the principal office of the Company is 3217 N.W. 10th Terrace, Suite 304, Fort Lauderdale, FL 33309.
3. The date of filing of the articles of organization with the Florida Department of State is March 4, 2004.
4. The document number of the Company is Document # L04000017402.
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State are Howard Dekkers, 3217 N.W. 10th Terr, Ste 304, Fort Lauderdale, FL 33309.
6. The name and address of the new registered agent and registered office are CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

It is hereby confirmed that the changes were authorized by the Administrative Manager of the limited liability company as maybe provided in the Articles of Organization or the operating agreement of the limited liability company.

DPI OF NORTH BROWARD, LLC,
a Florida limited liability company

By 
Howard Dekkers, Administrative Manager

08 JUL 22 AM 8:45

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JUL-22-08 15:23 From: AKERMAN SENTERFITT

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I hereby accept the appointment as registered agent of DPI OF NORTH BROWARD, LLC and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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.

By 
Print Name: Patricia Tadlock
Title: Assistant Secretary

16170648411

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