

Ln 300278414093

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

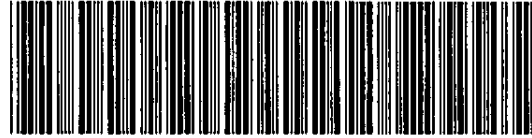
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300278414093

300278414093  
10/26/15--01026--014--\$25.00

FILED  
15 OCT 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2015  
S. YOUNG



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: D Group Management NA, LLC.

2. (a) 3195 Ponce De Leon Blvd., Suite 400

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Attn: Post & Romero

Coral Gables, Florida 33134

(b) 3195 Ponce De Leon Blvd., Suite 400

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Attn: Post & Romero

Coral Gables, Florida 33134

7/24/2007

L07000076227

3. Date of filing/registration in Florida

4. Document number

5. (a) Romero, Carlos AJR PA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

C/O Post & Romero

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3195 Ponce De Leon Blvd., Suite 400

Coral Gables, FL 33134

DATE OCT. 1, 2015  
AMOUNT \$ 25.00 48  
ACCOUNT 5724  
BUILDING 1000  
DESC Licenses; Reg. Agent chg.  
APPROVAL 48

(b) J. Kirby Chritton, Esq.

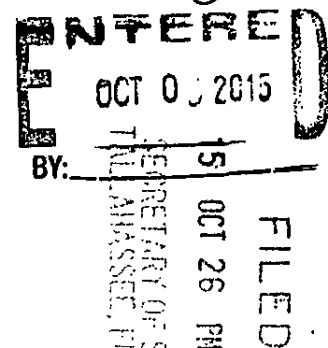
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Rogers Towers, P.A.

**NEW** Registered Office Address:

1301 Riverplace Blvd., Suite 1500

Jacksonville, FL 32207



If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

DESIREE M. DUBON, EVP

Printed or typed name of signer

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 605, 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]  
Signature of Registered Agent

9/23/2015

**COVER LETTER**

LLC

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D Group Management NA, 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:

J. Kirby Chritton, Esq.

Name of Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd., Suite 1500

Address

Jacksonville, Florida 32207

City/State and Zip Code

kchritton@rtlaw.com

E-mail address: (to be used for future annual report notification)

FILED  
15 OCT 26 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

J. Kirby Chritton

at ( 904 )

346-5566

Name of Person

Area Code & Daytime 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 following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy