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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	•

LLC REGISTERED AGENT CHANGE DCA FINANCIAL, 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 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. Na	me of the limited liability company: DCA FINANCIAL	المليا	<u></u>	<u> </u>		
2. (a)	700 N.W. 107th Avenue		(b) 700 N.W. 107th Avenue			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 400		(*/	SUITE 4	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		-				
	MIAMI, FL 33172	_		MIAMI,	FL 33172	
	01/28/1977		I	07000117	141	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	CT CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINB ISLAND ROAD	e Flor	ida E	Pept, of Stat		
	Registered Office Address (MUST BE FLORIDA STREET AD	7,020 JUL				
	PLANTATION , FL 3	3324			- - -	
(b)	Corporate Creations Network Inc.				3. 	
	ater name of NEW Registered Agent and/or NEW Registered Office address:				ءِ ۾	
	801 US Highway 1				37	
	NEW Registered Office Address:			-	-	
	North Palm Beach	408			-	
hange o gent wi /as/wer/	nited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the so of organization of the operating agreement of the lim	giste: lity c he lir nited	red omp nite liab	office and pany, it is d liability ility com	I the business office of the registered bereby confirmed that the change(s) company or as otherwise provided in	
Signatu	e of a member or buthorized representative of a member	_			Printed or typed name of signee	
rovision ne oblig o merely otifled i	accept the appointment as registered agent and agree to of all statutes relative to the proper and complete per ations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change. Danielle Gossman, Special Statistical Agent	jorn r in eby c	ianc Cha onfi	<i>മര</i> ്ജയം <i>പ</i>	ution and Law tomilian with and accord	