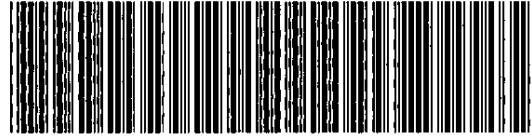


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D. BRUCE

SEP 03 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DXI Caribbean 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:

Michael E Savereux  
Name of Person

DXI Caribbean LLC  
Firm/Company

2555 Collins Avenue, Suite C-9  
Address

Miami Beach FL 33140  
City/State and Zip Code

mike.savereux@dxi-caribbean.com  
E-mail address: (to be used for future annual report notification)

**FILED**  
**10 SEP - 2 AM 9:37**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

Michael E Savereux at ( 305 ) 965 3102  
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

**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.*

1. Name of the limited liability company: DXI Caribbean LLC

2. (a) Principal office address of limited liability company: 2555 Collins Avenue, Suite C-9

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

Miami Beach  
FL 33140

(b) Mailing address of limited liability company: 2555 Collins Avenue, Suite C-9

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

Miami Beach  
FL 33140

01/25/2008  
3. Date of filing/registration in Florida

L08000009011  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: BUSINESS FILINGS INCORPORATED

Registered Office Address: 1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE FL 32301-2960

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent: Michael E Savereux

NEW Registered Office Address: 2555 Collins Avenue  
**(MUST BE FLORIDA STREET ADDRESS)** Suite C-9  
Miami Beach

10 SEP - 2 AM 11:37  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA 32310

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.

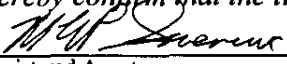


Signature of a member or authorized representative of a member

Michael E Savereux

Printed or typed name of signee

*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 608, 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 of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**