W800089142

(Re	equestor's Name)				
•					
(Ac	Idress)				
,	·····,				
? (Ac	(Address)				
(Ci	ty/State/Zip/Phone #)	• .			

PICK-UP	☐ WAIT	MAIL			
_	_	_			
(Bu	isiness Entity Name)				
		•			
(Do	ocument Number)				
\					
Certified Copies	_ Certificates of	Status			
Consider to the state of the	Filia office				
Special Instructions to	Filing Officer:				
•					

Office Use Only



500159549155

08/17/09--01039--014 **50.00

FYLE ED

2009 AUG 17 AM IO: 16

SECRETARSEE, FLORIO
TAIL AND 17 AM IO: 16

M. THOMAS

AUG 1 8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: DTC Group Hold Name of Limited Liability				
Dear Sir or Madam:				
	ent/Registered Office (Change an	d fee(s) are submitted for filir	าย.
 Please return all corresponde	_	_		
Brian N	. Winholtz		<u>.</u>	18
Name o	f Person		SECRE	TOUR NOT STATE
	Holdings, LLC		A So	
Firm/Co	mpany		i.	实 圣 (
19803 Gu	f Blvd. # 402		7	0: 16 0: 16
Addr	ess			O'P
	res, FL 33785 nd Zip Code			
dtcgrouphold E-mail address: (to be used for	ngs@gmail.com future annual report notificati	on)		
For further information cond	erning this matter, ple	ase call:		
Brian N. Winh	oltzat (_		596-6324	
Name of Person		Are	a Code & Daytime Telephone Number	r
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ns · Circle	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
Enclosed is a check	for the following am	ount:		
\$25 Filing Fee		\$55 1	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:	DTC Group Holdings, LLC			
2. (a) Principal office address of limited liability company	y: 19803 Gulf Blvd. #402			
(Note: MUST BE STREET ADDRESS)	Indian Shores, FL 33785			
(b) Mailing address of limited liability company:	P.O. Box 1060			
(Note: MAY BE POST OFFICE BOX)	Indian Rocks Beach, FL 33785			
09/19/2008	L08000089142			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	Faith E. Meiste			
Registered Office Address:	19803 Gulf Blvd. #402 FT Indian Shores, FL 33785			
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: Brian N. Winholtz				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	19803 Gulf Blvd. #402 Indian Shores ,FL 33785			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote			
Brian N. Winholtz Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to maddress I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			
Enan Wish that				

Signature of Registered Agent