## 1.0800089142

(Requestor's Name)				
(Address)				
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(Address)				
• •				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
AUG <b>2 6</b> 2009				
EXAMINER				

Office Use Only



08/24/09--01016--004 \*\*50.00

FILED 2009 AUG 24 AN IO: 57 SECRETARY OF STATE AN A ASSEE, FLORIDA

Б ј	<b>A</b>	COVER LETTER	
TO:	Registration Section Division of Corporations	· ·	
SUBJ	ЕСТ:[	DTC Group Holdings, LLC	_
	Nam	e of Limited Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered	ered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence conce	erning this matter to the following:	
		· · · ·	
	Brian N. Winholt	-	
	Name of Person	<u> </u>	
		TALLAHASS	e
	Firm/Company	AHAA HAA	•
	44040 440th Aug		
	14040 113th Aven Address		
		ue E. FLORID	) 1
	Largo, FL 37744		1
	City/State and Zip Code		
	dtcholdings@gmail.		
Ē	-mail address: (to be used for future annual	report notification)	
For fi	irther information concerning this	s matter, please call:	
	Brian N. Winholtz	at (727) 596-6324	
	Name of Person	Area Code & Daytime Telephone Number	-
	STREET/COURIER ADDRESS	S: MAILING ADDRESS:	
-	Registration Section Division of Corporations	<ul> <li>Registration Section</li> <li>Division of Corporations</li> </ul>	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
		llowing amount.	
	Enclosed is a check for the fo	\$55 Filing Fee & Certified Copy	
	✓ \$25 Filing Fee		

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STATEMENT OF CHANGE OF REGISTERED OE BOTH FOR LIMITED LIABILITY COMPANY	FICE OR REGISTERED AGENT OR		
Pursuant to the provisions of sections 608.416 or 608 liability company submits the following statement in or agent, or both, in the State of Florida.	8.508, Florida Statutes, the undersigned limited rder to change its registered office or registered		
1. Name of the limited liability company:	DTC Group Holdings, LLC		
2. (a) Principal office address of limited liability compa	ny: 14040 113th Avenue		
( <i>Note: MUST BE STREET ADDRESS</i> )	Largo, FL 37744		
(b) Mailing address of limited liability company:	P.O. Box 1060		
(Note: MAY BE POST OFFICE BOX)	Indian Shores, FL 33785		
09/22/2008	L08000089142		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	Brian N. Winholtz		
Registered Office Address:	19803 Gulf Bivd # 402 Indian Shores, FL 33785		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	EW Registered Office address:		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company or as oth or the operating agreement of the limited liability company or as oth or the operating agreement of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company of address I hereby confirm that the limited liability company of address I hereby confirm that the limited liability company of the limited liabilit	he laws of the State of Florida, sis he by e Florida street address of the registered office entical. Or, in the case of a Fbrida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.		
Signature of Registered Agent Division of Corporations, P.O. Box	6327. Tallahassee FL 32314		
FILING FEE			