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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MATTHEW JOHN SOLDAVINI P A
Account Number : I20120000037
Phone : (239)262-7230
Fax Number : (239)262-8214

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

Email Address: william.smith@dmestudios.com

LLC REGISTERED AGENT CHANGE
DME STUDIOS DAYTONA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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850-617-6383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DME STUDIOS DAYTONA, 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:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WILLIAM SMITH
Name of Person

DME Studios Daytona, LLC
Firm/Company

2441 Bellevue Ave
Address

Daytona Beach, FL 32114
City/State and Zip Code

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

For further information concerning this matter, please call:

William Smith at (386) 271-3095
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

INHS18 (5/08)

850-617-6383

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: DME STUDIOS DAYTONA, LLC

2. (a) Principal office address of limited liability company: 2441 BELLEVUE AVE
DAYTONA BEACH, FL 32114
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2441 BELLEVUE AVE
DAYTONA, BEACH, FL 32114
(Note: MAY BE POST OFFICE BOX)

10/15/2008
3. Date of filing/registration in Florida

L08000097880
4. Document number

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TALLAHASSEE FLORIDA

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

Registered Agent: GORNTO, L.A. JR. ESQ

Registered Office Address: 444 SEABREEZE BOULEVARD, SUITE 200
DAYTONA BEACH FL 32118 US

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

NEW Registered Agent: WILLIAM SMITH

NEW Registered Office Address: 2441 BELLEVUE AVE
(MUST BE FLORIDA STREET ADDRESS)
DAYTONA BEACH, FL 32114

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

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

INHS18 (05/08)