Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC

Account Number : I20060000142

: (904)301-1269

Phone Fax Number

: (904)301-1279

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

, Kalota Cnorthflor: da

LLC REGISTERED AGENT CHANGE DTT INVESTMENT I, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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Corporate Filing Menu

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------------------------------|--|--------------|---------------------|---------------------------|
| | | | | |
| SUBJECT: DTT Investment I, LLC | | | | |
| | Name of 1 | _imited | l Liability Compa | ny |
| Dear : | Sir or Madam: | | | |
| The e | nclosed Registered Agent/Registered C | Office (| Change and fee(s) | are submitted for filing. |
| Please | e return all correspondence concerning | this m | atter to the follow | ring: |
| | | | | |
| | Jenny Kalota | | | |
| | Name of Person | | | |
| | | | | |
| | Contega Business Services, I | <u>_LÇ</u> | | |
| | 1 Innecompany | | | |
| | One Independent Drive, Suite | 1200 | | |
| | Address | 1200 | | |
| | | - | | |
| | Jacksonville, Florida 3220 | 2 | | |
| | City/State and Zlp Code | - | | |
| | | | | |
| | | m <u>.</u> | | |
| E | s-mail address: (to be used for future annual report i | notificati | on) | |
| For fu | urther information concerning this mat | ter, ple | ase cali: | |
| | | | | |
| | Jenny Kalota | _ at (_ | 904) | 301-1269 |
| | Name of Person | | Area Code & | Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | | MAILING A | DDRESS: |
| | Registration Section Registration Section | | | |
| | Division of Corporations | | | |
| | Clifton Building | | P.O. Box 6327 | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | | Tallahassee, F | lorida 32314 |
| | Enclosed is a check for the following | ng am | ount: | |
| | \$25 Filing Fee | | \$55 Filing F | ee & Certified Copy |
| | . (212) | | | |

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: | DTT Investment I, LI-C | | | |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company | | | | |
| (Note: MUST BE STREET ADDRESS) | 1702 Eagle Watch Drive | | | |
| (b) Mailing address of limited liability company: | <u> </u> | | | |
| (Note: MAY BE POST OFFICE BOX) | 1702 Eagle Watch Drive | | | |
| 01/18/2011 | L11000007519 | | | |
| 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: | THE NICHOLS GROUP, P.A. | | | |
| Registered Office Address: | 1329 KINGSLEY AVE. SUITE D ORANGE PARK FL 32073 | | | |
| NEW Registered Agent: | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | One Independent Drive, Suite 1200 | | | |
| | Jacksonville ,FI.32202 | | | |
| 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 | | | | |
| Thomas J. Tossavalnen 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 pochapter 50% kgs. Or, if this document is being filed to me address. I hereby confirm that the limited liability company of the state of the st | 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 crely reflect a change in the registered office by has been notified in writing of this change. | | | |