L110000 17219

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(Address)				
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MAR 1 5 2016

S MASON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 10, 2016

Order#: 044440/010

Re: DECEMBER TENTH, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: DECEMBER TE	ENTH, LLC	
2 (a	10800 N.W. 97th Street, Suite 103	(b) _	
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33178		
	02/09/2011	1	.11000017219
3.	Date of filing/registration in Florida	4.	Document number
- (Dring Cullivan		
5. (a	Brian Sullivan Registered Agent and Registered Office shown on the records of	the Florida De	ent of State:
	registered Agent and registered Office shown on the records of	the Florida D	pt. of State.
	10800 N.W. 97th Street, Suite 103		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
		. 33178	2015 KAR
			TAR H
(b			—————————————————————————————————————
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
	1201 Hays Street		ASSFE, FLORID,
	NEW Registered Office Address:		9 9
		· · · · · · · · · · · · · · · · · · ·	
	Tallahassee, FL	, 32301	
the clagent was/v	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the Brian Sullivan	the registe ability com of the limite limited lial	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.
	nature of a member or authorized representative of a member	Brian	Sullivan, Member Printed or typed name of signee
I her provi the o to me	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in performan d for in Ch hereby conj	this capacity. I further agree to comply with the
Signa	ture of Registered Agent Corporation Service Company	BY: Svlv	via Oueppet, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00