1/300003977

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
(Busi	ness Entity Nar	me)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



300297672303

04/11/17--01010--013 **25.00

2017 APR 10 AM 19: 45

MILES THE STATE STATE OF STATE

S Warren APR 1 1 2017

COVER LETTER

	sistration Section ision of Corporations		
SUBJECT:	DTC Global Services LLC		
		e of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning thi	s matter to the	following:
John Doty	<i>(</i>		
	Name of Person		
DTC Glob	oal Services LLC		
	Firm/Company		
100 S Asl	nley Drive Suite 600		
	Address		
Tampa, F	L 33602		
	City/State and Zip Code		
john.doty(@dtcglobal.com		
E-mai	address: (to be used for future annual	ual report notif	ication)
For further i	information concerning this matter,	please call:	
John Doty	,	813	397-3622
	Name of Person		Area Code & Daytime Telephone Number
STI	REET/COURIER ADDRESS:	M	AILING ADDRESS:
	istration Section		gistration Section
	ision of Corporations		vision of Corporations
	ton Building		D. Box 6327
	1 Executive Center Circle ahassee, Florida 32301	Ta	llahassee, Florida 32314
Enc	closed is a check for the following	amount:	
☑ \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	ame of the limited liability company: DTC Globa	al Services LLC	<u> </u>		······································	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of lin	nited liab	ility company:	·····
	(Note: MUST BE STREET ADDRESS) 100 S Ashley Drive STE 600		(Note: MAY BE P			
	Tampa, FL 33602				<u></u>	
	Jan 02, 2013	L130	000003977			
3.	Date of filing/registration in Florida	4.	Document numb	er		
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dent	of State:			
	John Doty	or mor fortuna popt.	or place.			
	Registered Office Address (MUST BE FLORIDA STREET 17715 Gulvf Blvd #701	ET ADDRESS)				
	Redington Shores	FL_33708				
(b)	John Doty		ار به الموادي الموادية الموادية الموادية ا	200		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address:	7 20 20 20 PT	à D	7	
	John Doty		TARY OF STATE	Ö		
	NEW Registered Office Address:		ري' . اندائش دي	U	0	
	100 S Ashley Drive STE 600		ORICI	3 OH		
	Tampa	_{FL} 33602	A	Ē	P _y	
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member ideas of organization or the operating agreement of	s of the registered d liability compar rs of the limited l	office and the business ty, it is hereby confirmed iability company or as of ty company.	s office ed that t	of the regist the change(s)	erec)
Signa	ture of a member or authorized representative of a member		Printed or typed na	me of sig	nee	
provisi the obj to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to act in th lete performance ided for in Chapt , I hereby confirm	is capacity. I further a of my duties, and I am) er 605, F.S. Or, if this n that the limited liabili	gree to amiliar docume ty comp	comply with with and acent is being for coany has bee	the cep iled n
Signate	re of Registered Agent					

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