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PICK-UP	WAIT	MAIL				
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Certified Copies	Certificates	s of Status				
Special Instructions to	Ciling Officer					
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MAY 1 6 2017 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	··						
	Name	of Limited Liabi	lity Company				
Dear S	ir 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 foll	owing:				
Brian	D. Keisacker, Esq.						
	Name of Person						
Rahd	ert Law PLLC						
	Firm/Company						
535 C	Central Avenue						
	Address						
St. Pe	etersburg, FL 33701						
	City/State and Zip Code						
bkeis	acker@rahdertlaw.com						
E	-mail address: (to be used for future annua	l report notificat	ion)				
For fur	ther information concerning this matter, pl	ease call:					
Brian	D. Keisacker	727 at ()	823-4191				
	Name of Person	Α	rea Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	MAIL	ING ADDRESS:				
	Registration Section		ration Section				
	Division of Corporations Division of Corporations Division of Corporations						
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314						
	2661 Executive Center Circle Tallahassee, Florida 32301	i ailan	assee, 11011da 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55 F	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. N	ame of the limited liability company: D.C. HOLDI	NGS, L.I	L.C.			
2. (a)						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	701 Enterprise Road E, Suite 601		701 Ent	erprise Road E, Su	ite 601	
	Safety Harbor, FL 34695	<u> </u>	Safety Harbor, FL 34695			
	01/06/2014		L140000	01954		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	1					
J. (a	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	– e:		
	Derrick L Clarke					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	-	€.v.	
	701 Enterprise Road E, Suite 601				1 1	
	Safety Harbor	34695		_	LAHAS TAN	
		<i></i>		_	SSEE SEE	
(b)				_	R CHO	
` ′	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	_	4 5 5	
	Brian D. Keisacker, Esq.				STATE LURIUDA 3: 08	
	NEW Registered Office Address:		•	-		
	535 Central Avenue			_		
	St. Petersburg	L 33701		_		
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the of the registiability control of the limited l	State of Floor stered office ompany, it in hited liability liability con	e and the business offices hereby confirmed that y company or as other npany.	ce of the registered it the change(s)	
Ciam	atural for marriage as a subscripted representative of a marriage		rrick L. Cl	Printed or typed name of:	signee	
I here provise the obte to me notific	ature of a member or authorized representative of a member eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I end in writing of this change.	gree to act e perform ed for in (I hereby c	t in this cap ance of my Chapter 603 onfirm that	vacity. I further garge:	to comply with the	
Ságnat	are of Registered Agent					