## 14000 140005

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

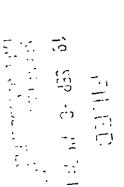
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 4, 2019

Order#: 892175/082

Re: ORLANDO DTTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Katie THOMAS c/o Corporation Service Company 251 Little Falls Drive 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: ORLANDO DTT	S, LLC	
2. (a	Principal office address of limited liability company:	(b)	b) 6751 FORUM DRIVE SUITE 200  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32821	_	ORLANDO, FL 32821
	09/08/2014		L14000140005
3.	Date of filing/registration in Florida	4.	Document number
5. (8	BUSINESS FILINGS INCORPORATED		
	Registered Agent and Registered Office shown on the records of t	he Florida i	a Dept. of State:
	1200 SOUTH PINE ISLAND		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	SI 15
	PLANTATION , FL	33324	4
(b	Corporation Service Company		
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ldress;
	1201 Hays Street		
	NEW Registered Office Address:		
	Tollahassaa	20204	
	Tallahassee , FL	32301	· <u> </u>
the cl agent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regist bility con f the limit	stered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	/s/ Marc G. Baumann	Marc	rc G. Baumann, Manager
_	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the ol to me notifi	eby accept the appointment as registered agent and agre sions of all statules relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change.	ee to act i performa I for in Ci sereby cor	t in this capacity. I further agree to comply with th ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been
	Droce to Kubi,		
Signa	ure of Registered Agent Corporation Service Company	BY: Gra	Grace E. Kirby, Asst. Vice President