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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DST Teating Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
Name of Person	
DST Touring LLC Firm/Company	
7882 Patriot St. Address	
Lake Worth FL 339 City/State and Zip Code	
E-mail address: (to be used for future annual repo	com
For further information concerning this matter, please of	call:
Dariel Huck at (219 229-0249
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
S25 Filing Fee	S55 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.

i ioi ida.			
1. Nar	ne of the limited liability company:DSJ =	Training 1	LLC
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)
	FL 33463		
	1-8-15	- <u>- 4.</u>	5 000002452
3. 5. (a)	Date of filing/registration in Florida Land Zacco United States Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE LORIDA STREET)	met A	
	Tonypar FI	336	12
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7882 Patrick St. NEW Registered Office Address:		<u> </u>
	Lake Worth FI	334	43
agent v	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members	iability compa of the limited	iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
the arti	cles of organization or the operating agreement of the	, minica naon	Printed or typed name of signee
	ture of a member or authorized representative of a member		
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change	ree to act in the performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file on that the limited liability company has been
Signatu	re of Registered Agent		