450010783

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
(Do	cument Number))
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AUG 1 9 2015 S. YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com_

Date: August 14, 2015

Order#: 735288/016

Re: DP MARKETING AGENCY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard

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.

2 (a)	8100 S.W. 10TH STREET STE 2000	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PLANTATION FL 33324		
	06/30/2015	L15	5000110783
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
5. (a	Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	of State:
		•	
	1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STRE	EFT ADDRECCI	F 3
	Registered Office Address MOST BE PLOADA STRE	LI ADDRESS/	至
	PLANTATION	,FL 33324	<u>ښځ</u> او
		,	r=0.00
(b)	Corporation Service Company		
(-)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	——
			·
	1201 Hays Street		
	<u>NEW</u> Registered Office Address:		
			·
	Tallahassee	,FL 32301	
	i andi idosoce	, FL 32301	
	limited liability company is not organized under the		
	ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite		
was/w	ere authorized by an affirmative vote of the member	ers of the limited l	iability company or as otherwise provided in
the ar	cicles of organization or the operating agreement of	the limited liabili	ty company.
<u> </u>		Dona Pri	ebe, Asst. Authorized Person
- 7	ature it a memicor authorized representative of a member		Printed or typed name of signee
provis the ob to me	by accept the appointment as registered agent and ions of all statutes relative to the proper and compiligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change.	lete performance vided for in Chapt	of my duties, and I am familiar with and accept er 605, F.S. Or. if this document is being filed
	0		
	1. (lue se		

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