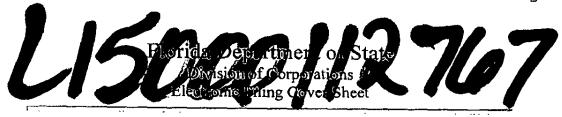
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000257976 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** 💢

Email Address:

LLC REGISTERED AGENT CHANGE DG III ENTERPRISES, LLC

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OCT 2 9 2015

J. BRUCE

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT:	
Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
Larry Harmon	
Name of Person	
	\mathbb{F}_{α}
Firm/Company	<u> </u>
	第三
Address	SA SA SA
	<u> </u>
Other and The Order	mico Sport
City/State and Zip Code	
larry@h5consult.com	a para menderal mende
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code & Da	ytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRES	ES:
Registration Section Registration Section	
Division of Corporations Division of Corporati	ons
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 3 Tallahassee, Florida 32301	32314
Enclosed is a check for the following amount:	
■ \$25 Filing Fee & Ce	rtified Copy
INHS18 (2/14)	

2015 OCT 28 A 10: 4Ь

FL015 . 03/04/2014 Wolters Klawer Online

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: DG III Enterprise	s, LLC	; 				
2. (a)			(b)			_	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limite			
	8020 Firenze Boulevard		8020 FIRE	NZE BLVD.			
	Orlando, FL 32836	_	ORLANDO), FL 32836			
	06/29/2015		L1500011	2 767			
3.	Date of filing/registration in Florida	4.		Document number			_
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of GOODEN, ANDREW, III	the Flo	ida Dept. of St	ale:			
	Registered Office Address (MUST BE FLORIDA STREET) 8020 Firenze Blvd.	ADDRE	<u>22)</u>	_	11 M	2015	****
	Orlando E1	32836				130	
(b)	C T Corporation System	' 	····		ARY O SSEE.	28	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		دى بىر بىرىسى	\triangleright	9
	c/o C T Corporation System						Car.
	NEW Registered Office Address:				' P>-	or .	
	1200 South Pine Island Road			_			
	Plantation	33324					
spent vas/weithe artification of the colling of the	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of clear of organization or the operating agreement of the under of a member or authorized representative of a member	vs of the residual the residual to the limited	gistered offic company, it mited liabili d liability co	the and the business of is hereby confirmed the ty company or as other inpany. Printed or typed name of the typed name of the typed name of t	fice of the hat the cherwise pro	e register range(s) ovided in	
2y.	v of Registered Agent						

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

TNHS18 (2/14)