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(((H230000387713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

-;

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200 : (407)423-1831 Fax Number

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LLC REGISTERED AGENT CHANGE DYLINE HOLDINGS, LLC

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To:

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. Na	me of the limited liability company: DYLINE HOLDI	NGS, LL	.C	
2. (a)		(1	າໂ	
2. ()	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	698 N. Maitland Avenue, Suite 203		698 N.	Maitland Avenue, Suite 203
	Maitland, FL 32751			d. Ft. 32751
	November 12, 2015		L150001	91784
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
	Registered Agent and Registered Office shown on the records of a Laurence J. Pino, P.A.	the Florid	a Dept. of S	
	Registered Office Address	DDRES.	Ω	
	99 S. New York Avenue			23
	Winter Park, FL			- 30 F.
				~o (°)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	· · · · · · · · · · · · · · · · · · ·
	Dean Mead Services, LLC			— ÷.
	NEW Registered Office Address:			 -
	420 S. Orange Avenue, Suite 700			
	Orlando FL	32801		
change agent v was/we the arti x Signat	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the light of member y authorized representative of a member.	vs of the register bility ec I the lin limited l Meg	State of ed office ompany, in the liability of gan Johns	Florida, it is hereby confirmed that after the and the business office of the registered t is hereby confirmed that the change(s) dity company or as otherwise provided in ompany. Find or typed name of signee
provisi the obl- to mero notified Dean w By: Signatu	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have reflected this change. The writing of this change. The description of Registered Agent in R. Looney, Vice President of Sole Member Division of Corporations • P.O. I	nerform l for in (vereby c	ance of m Thapter 6 Onfirm thu	ty duties, and 1 am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been

FILING FEE: \$25.00