Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future and address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE DADS TCI, LLC

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1001 - 5 10th

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	nne of the limited liability company:				
2.	(a)	1451 W. Cypress Creek Road STE 300	(b	6278 N	Federal Hwy #244	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		F1 Lauderdale FL		Ft Laude	erdale FL	
		33309	<del>-</del>	33062		
		04/29/16		L1600008	4816	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	SUTTON, DONALD J				
	•	Registered Agent and Registered Office shown on the records of the				
		6278 N FEDERAL HWY # 244				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		FT LAUDERDALE FL	33308		<b>282</b>	
(	<b>b</b> )	Northwest Registered Agent LLC			APPRO 7824 NOV -1 2820 NOV -1	
		Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	ir <u>ess</u> :		
		7901 4th St N			PR PD VED	
		NEW Registered Office Address:				
		STE 300	<del></del>		- W	
		St. Petersburg, FL 2	33702			
the age was the	cha nt we we artic	mited liability company is not organized under the lawsing or changes are made, the Florida street address of table identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of authorized representative of a member	he regis bility co the lim imited li Nat S	tered offi inpany, it ited liabil ability co Smith	ee and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ampany.  Printed or typed name of signee	
pro the to n noti	visit obli jerc figa	y accept the appointment as registered agent and agreons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	verforma för in C	ince of m Rapter 60	y duties, and Lam familiar with and accept 95, F.S. Or, if this document is being filed	
'~	V	Taylor Newman - Assistant Sec	cretary			

Signature of Registered Agent