19900004148 Requester's Name

PROPERTY INVESTMENT BROK.
499 N SR 434 Suite 2159
Altamonte Springs, FL 32714

City/State/Zip

Pnone #

300003141513--3 -02/21/00--01102--018 *****25.00 ******25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corporation Name) (Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS Profit Not for Profit Limited Liability	(Document #) Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal
Domestication Other OTHER FILINGS	Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

tability company subs agent, or both, in the S	its the following statement in ord tate of Florida,	ler to change its registered of	office or registe	
1. The name of the lin	nited liability company is: DBT	OCEANSIDE, LLC	14/	
2. The mailing address	s of the limited liability company i	s: 499 N. State Road	434,	
<u>Suite 2159, A</u>	<u>Itamonte Springs, FL 327</u>	14	ute, i	
July 12, 1999		<u>199000004148</u>		
Date of filing/registration in Florida		4. Document number		
5. The name of the reg Florida Department	istered agent and the registered off of State: Silver Thread Investm		ecords of the	
	Name	encs, Inc.		
	499 N. State Road 434	, Ste. 2159		
	Address	49.4		
	Altamonte Springs, FL City, State and	32714 Zip	2.1	
6. The name and address	ss of the new registered agent and/	or office:		
	Rakin Trivedi —		<u> </u>	
	Nan	ie – Es		

Rakin Trivedi	<u></u>		يو ر است اس ميت	\equiv	
	Name) FE	
3604 Curry Fo	ord Rd.			CO	;
Florida street address (P.O. Box NOTacceptable)		33	21		
Orlando	FL	32806		\mathbb{Z}	
	City, State and Z	ip qi	- EST		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the manufact of the limited liability company. the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. exhan Trived.

(S Shature of Registered Agent)