L99000004655

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DEPARTISENT OF STATE
DIVISION OF CORPORATIONS
TALLAMASSEE, FLORIDA

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B. KOHR

APR 1 4 2011

EXAMINER

11 APR 14 PM12: 41



ON SERVICE COMPANY				
	ACCOUNT NO.	: 12000000	0195	2 2.02
	REFERENCE	: 739490	7769257	1 PR II
AU	THORIZATION	Smillele	Man	A
	COST LIMIT	: \$ 25.00		- P
ORDER DATE : Apri	l 11, 2011			7
ORDER TIME : 10:5	6 AM			
ORDER NO. : 7394	90-025			
CUSTOMER NO: 7	769257			
	CHANGE OF AG	<u>ENT</u>		
NAME: D	LAC/WRI, L.L.	C.		
PLEASE RETURN THE CERTIFIED	COPY	PROOF OF FI	LING:	
XX PLAIN STAM	PED COPY			

EXAMINER:

CONTACT PERSON: Troy Todd -- EXT# 2940

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: DLAC/V	/RI, L.L.C.
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	Pany: 1819 Albert Street Jacksonville, FL 32202
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_PO_Box 330358 _Jacksonville, FL 32233-0569
07/29/1999	L99000004655
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
 (a) Registered Agent and Registered Office shown Registered Agent: 	on the records of the Florida Dept. of State: Dale, Howard L
	·
Registered Agent:	Dale, Howard L 200 West Forsyth St Suite 1100 Jacksonville, FL 32202-4308 US
Registered Agent: Registered Office Address:	Dale, Howard L 200 West Forsyth St Suite 1100 Jacksonville, FL 32202-4308 US
Registered Office Address: (b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u>	Dale, Howard L 200 West Forsyth St Suite 1100 Jacksonville, FL 32202-4308 US NEW Registered Office address:

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 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 of authorized representative of a member)

Robert Callahan, Authorized Person (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 filed 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.

By:

(Signature of Registered Atent) Sylvia Queppet, Asst. VP

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