## M05.00000 4722

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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05/14/19--01021--009 \*\*25.00



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 12, 2019

Order#: 778027-003

Re: DAL POS ARCHITECTS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA. XCOA

## 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.

2. (a)	101 NORTH CLINTON STREET SUITE 300	(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)
	SYRACUSE NY 13202		
	08/23/2005	M	05000004722
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
(,	Registered Agent and Registered Office shown on the records of	f the Florida Dep	t, of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	PLANTATION , FI	. 33324	
(b)	Corporation Service Company		THE THE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	SECURITY THE RELEASE OF THE PROPERTY OF THE PR
	1201 Hays Street		
	NEW Registered Office Address:		AH 10: 24
	Tallahassee Ft	. 32301	
the cha agent was/w the art	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registere iability compa of the limited liabil	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Signa	iture of a member or authorized representative of a member	Jili Climi	, Authorized Person  Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change.	ree to act in to performance ed for in Chap hereby confir	his capacity. I further agree to comply with the

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President Division of Corporations P.O. Box 6327 Tallahassee, FL 32314