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B. KOHR FEB - 1 2011

**EXAMINER** 

SECRETARY OF STATE CORPORATIONS

11 FEB - 1 PM 1: 49



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 658447 4813078

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 28, 2011

ORDER TIME : 10:0 AM

ORDER NO. : 658447-340

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DCXLONE DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS:

## 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: DCXLone D	Development, LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	Suite 400
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	500 S. Buena Vista Street Burbank, CA 91521
04/25/2007	M07000002366
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Jeffrey H. Smith
Registered Office Address:	1375 Buena Vista Drive 4th Floor North Lake Buena Vista, FL 32830
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Jeffrey S. Craigmile
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1375 Buena Vista Drive 4th Floor North Lake Buena Vista ,FL 32830
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited

Marsha L. Reed

(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 campany has been notified in writing of this change.

By: (Signature of Regristed Agent) Jeffrey S. Craigmile

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

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