## 1107000002366

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

MIT APR 24 PM 2: 14

K. SALY APR 25 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

CONTACT PERSON: Melissa Zender

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195									
REFERENCE : 608468 4813078									
AUTHORIZATION Symbolic man									
COST LIMIT : $U$ \$\\ 25.00									
ORDER DATE : April 20, 2017									
ORDER TIME : 10:28 PM									
ORDER NO. : 608468-275									
CUSTOMER NO: 4813078									
CHANGE OF AGENT									
NAME: DCXLONE DEVELOPMENT, LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY									

EXAMINER'S INITIALS:

## 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.

1.	Na	me of the limited liability company: DCXLone De	velopme	nt, L	.LC`				
2.	(a)			(b)					
•	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			M	failing address of limite (Note: MAY BE POS	d liability	company	:
		210 Celebration Place, Suite 400		-	500 South	i Buena Vista Stree	<u>et                                    </u>		
		Celebration, FL 34747		-	Burbank,	CA 91521			
		04/25/2007		_	M0700000	··	<del></del>		
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)	Registered Agent and Registered Office shown on the records							
		Registered Agent and Registered Office shown on the records	of the Flori	ida L	ept. of State	;	FS S	2011 APR 24	
		Jeffrey S. Craigmile				• ,	<u> </u>	<u> </u>	19
		Registered Office Address MUST BE FLORIDA STREE	TADDRE	<u>SS)</u>			E	3	سند.
		1375 East Buena Vista Drive, 4th Floor North				,	SSA	22	1
		Lake Buena Vista	FL <u>328</u>	30			SECRETARY OF STALL SECRETARY OF STALL AHASSEE. FLORIDA	圣	
							OR P	8, 18	
	(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office	addr	ess:		100	i 60	
		Tarrest Harris of 1997 - 1997			zig.		•		
		Margaret C. Giacalone							
		NEW Registered Office Address:			<del></del>				
		1375 East Buena Vista Drive, 4th Floor North							
		Lake Buena Vista	FL_328	30					
th ag w	e cha gent v as/wa	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the company	of the replication of the limited the limi	giste con imit d lia	ered office opany, it is ed liability bility com	and the business of hereby confirmed company or as oth pany.	ffice of the that the c	he regis :hange(:	tered s)
	Siona	ture of a member or authorized representative of a member	Ň	ars	na L. Reed	, Secretary.  Printed or typed name	of signee.		
pr th to no	here ovisi e obi mer otifie	by accept the appointment as registered agent and a light of all statutes relative to the proper and completing of any position as registered agent as proviety reflect techange in the registered office address, and in writing of this change.  The of Registered Agent Margazet C. Giacalone	agree to d ste perfor ded for in I hereby	ict i man n Cl cor	n this capa ice of my a sapter 605, ifirm that t	valor I Couthan acres	to	ply with h and a s being has be	h the ccept filed en
		We was a more of the same			·	in since			

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