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NECEIVEL 2017 APR 24 PH 2: 14 STUMIASSEE, FLORINA

17 APR 24 AN 8-30
SECRE LARY DE STATE
SECRE LARY DE STATE

D. SCOTT APR 2 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 608468 4813078

AUTHORIZATION

COST LIMIT : ()\$, 25.00

ORDER DATE: April 20, 2017

ORDER TIME: 10:27 PM

ORDER NO. : 608468-280

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DCXLTWO DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

17 APR 24 AH 8- 30 SECRETARY OF STATE

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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. N	ame of the limited liability company: DCXLtwo De	velopment.	LLC		
2. (a)		(b))		· •
- , (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of limi	ited liability company: OST OFFICE BOX)
	210 Celebration Place, Suite 400		500 Sout	h Buena Vista Stre	eet
	Celebration, FL 34747	·	Burbank	. CA 91521	
	04/25/2007		M070000		
3.	Date of filing/registration in Florida	4		Document number	er
5. (a).			_	
`	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	é:	
	Jeffrey S. Craigmile			_	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	- -		NEC SEC
	1375 East Buena Vista Drive, 4th Floor North			_	三部 第 五
	Lake Buena Vista				FILED PR 24 M REINSSERI
(þ	Enter name of NEW Registered Agent and/or NEW Register	red Office add	<u>ress</u> :	_	8: 30 LORED
	Margaret C. Giacalone				
	NEW Registered Office Address:				
	1375 East Buena Vista Drive, 4th Floor North			, _	
	Lake Buena Vista	FL 32830			
Sign I her provi	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the ature of a member or authorized representative of a member and accept the appointment as registered agent and accept to the proper and complete to the proper and complete in the registered agent as proving the proper and complete in the registered office address and in writing of this change.	laws of the cof the regis il liability cors of the limited lim	State of Flotered office mpany, it is ited liability ability con that L. Reed	e and the business is hereby confirmed y company or as on pany. d, Secretary Printed or typed name active. I further against the printer of the part	office of the registered d that the change(s) therwise provided in the of signee
Signa	ure of Registered Agent Margaret C. Giacalone				

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