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DD DISTRIBUTION & MARKETING, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $oldsymbol{i}$ LIMITED LIABILITY COMPANY Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited limited 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 tiability company: DD Distribution & Marketing LLC 2. (a) Principal office address of limited liability company: 20533 Biscayna Blyd. (Note: MUST BE STREET ADDRESS) <u>Suite 901</u> Aventure, FL 33180 (b) Mailing address of limited liability company: 20533 Biscayne Blyd (<u>Note: MAY BE POST OFFICE BOX)</u> Suite 901 Aventure, FL 33180 January 18, 2008 M08000000314 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Florida Filing & Search Services, Inc. Registered Office Address: 155 Office Plaza Drive Suite A Tallahassee, FL 32301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Shane Frankovic **NEW** Registered Office Address: 20533 Biscayne Blvd (MUST BE FLORIDA STREET ADDRESS) Suite 901 Aventure E FL 33180 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.

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 statules relative to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided by in Chapter 608, i. S. Gr., if this document is being filed to merely reflect a change in the registered office address, I hereby configm that the limited liability company has been notified in writing of this change.

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

uthorized representative of a member)

INHS18 (05/08)

(Signatury

Kerry Jester

(Printed or typed name of signed)