## M0800000 2478

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DEFINATIONS
DIVISION OF EGREPORATIONS
TALLAMASSEE, FLORIDA

B. KOHR

JUL 2 2009

**EXAMINER** 

"SECRETARY OF STATE
TTALLAHASSEE, FI OBINE



ACCOUNT NO. : 12000000195

REFERENCE : 040546

7706627

AUTHORIZATION

COST LIMIT

ORDER DATE: June 18, 2009

ORDER TIME : 8:50 AM

ORDER NO. : 040546-040

CUSTOMER NO: 7706627

CHANGE OF AGENT

NAME: DFS FUNDING L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited lia company submits the following statement in order to change its registered office or registered agent, or in the State of Florida.

1. Name of the limited liability company: DFS FUNDING L.L.C.

2. (a) Principal office address of limited liability company	One Dell Way	
(Note: MUST BE STREET ADDRESS)	Round Rock, TX 78682	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	One Dell Way Round Rock, TX 78682	
05/27/2008	M08000002478	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent:</u> <u>Corporation Service Company</u>		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street	
	Tallahassee ,FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm that after the change or changes are made, the Florida street address of the registered office and the busine 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.  (Signature of a member or authorized representative of a member)		
Maureen Cullen, Authorized Person (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the profam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified Corporation Service Company  By:	tree to act in this capacity. I further agree to per and complete performance of my duties, and see registered agent as provided for in Chapter hange in the registered office address, I hereby in writing of this change.	
(Signature of Registered Agent) Sylvia Queppet, Asst. VP		

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

INHS18 (05/08)

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