MUYUUU002479

(Re	equestor's Name)	
(Address)		
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(Cir	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
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DEPARATIONS
DIVISION OF COSPORATIONS
TAREANASSES, FLORIDA

B. KOHR

JUL 2 2009

EXAMINER

SECRETARY OF STATE



ACCOUNT NO. : I2000000195

REFERENCE: 040546 7706627

AUTHORIZATION :

COST LIMIT

ORDER DATE : June 18, 2009

ORDER TIME : 8:51 AM

ORDER NO. : 040546-041

CUSTOMER NO: 7706627

CHANGE OF AGENT

NAME: DFS-SPV L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX 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 li company submits the following statement in order to change its registered office or registered agent, of in the State of Florida.

in the state of Florida.			
1. Name of the limited liability company: DFS-SPV L.	L.C.		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Cone Dell Way 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 3. Date of filing/registration in Florida	M08000002479 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 NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Corporation Service Company		
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 busin 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 lin liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of amember 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 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, a am familiar with and accept the obligations of my position as registered agent as provided for in Chapter F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I here confirm that the limited liability company has been notified in writing of this change. Corporation Service Company (Signature of Rapistered Agent) Sylvia Queppet, Asst. VP			

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