M08 00000 3144

(Requestor's Name)		
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		



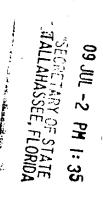
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Office Use Only

B. KOHR JUL 2 2009

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE: 040546

7706627

AUTHORIZATION (

COST LIMIT

ORDER DATE: June 18, 2009

ORDER TIME: 8:49 AM

ORDER NO. : 040546-039

CUSTOMER NO: 7706627

CHANGE OF AGENT

NAME: DFS EQUIPMENT HOLDINGS 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 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 EQUIPMENT HOLDINGS L.L.C.			
Y: One Dell Way Round Rock, TX 78682			
One Dell Way Round Rock, TX 78682			
M08000003144			
4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of States.			
C T Corporation System			
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>			
-			
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)			
ngree to act in this capacity. I further agree to oper and complete performance of my duties, as as as seried agent as provided for in Chapter change in the registered office address, I hereby d in writing of this change.			

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