

M 10000005259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

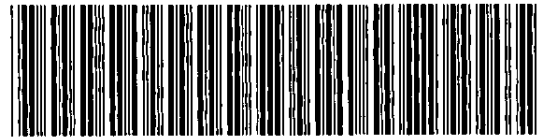
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 27 2013  
T CLINE

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 546748 4328604

AUTHORIZATION :

COST LIMIT : \$ 25.00

*Stephanie Milnes*

ORDER DATE : February 25, 2013

ORDER TIME : 3:35 PM

ORDER NO. : 546748-335

CUSTOMER NO: 4328604

FOREIGN FILINGS

NAME: ARC DGHLDLFL001, LLC

- CORPORATE
- LIMITED PARTNERSHIP
- LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT#

EXAMINER: \_\_\_\_\_

2013 FEB 26 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARC DGHLDFL001, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Corporation Service Company  
(Firm/Company)

2711 Centerville Road, Suite 400  
(Address)

Wilmington, DE 19808  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 FEB 26 AM 9:55

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**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: ARC DGHLDLFL001, LLC

2. (a) Principal office address of limited liability company: 600 La Terraza Blvd.  
 (Note: **MUST BE STREET ADDRESS**) Escondido, CA 92025

(b) Mailing address of limited liability company: 600 La Terraza Blvd.  
 (Note: **MAY BE POST OFFICE BOX**) Escondido, CA 92025

12/01/2010

M10000005259

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: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_

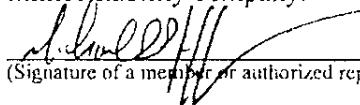
2013 FEB 26 AM 9:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent**: \_\_\_\_\_

**NEW Registered Office Address**: \_\_\_\_\_  
 (**MUST BE FLORIDA STREET ADDRESS**) \_\_\_\_\_  
 \_\_\_\_\_, FL \_\_\_\_\_

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.

  
 \_\_\_\_\_  
 (Signature of a member or authorized representative of a member)

Michael R. Pfeiffer, Authorized Representative  
 (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, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: \_\_\_\_\_  
 (Signature of Registered Agent)

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