Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001359913)))



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To:

Division of Corporations

fax Number : (859)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

: (888)706-7274 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Ema11	Address	<u>.</u>		

## LLC REGISTERED AGENT CHANGE DG KEYSTONE, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJI	DG Keystone, LLC	DG Keystone, LLC						
0020		ne of Limited Liab	ility Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	fice Change and fe	e(s) are submitted for filing.					
Please	return all correspondence concerning th	ais matter to the fol	lowing:					
Mary	Castillo							
	Name of Person							
Regis	stered Agent Solutions, Inc.							
	Firm/Company							
1701	Directors Blvd, Suite 300							
	Address							
Austi	n, TX 78744							
	City/State and Zip Code							
	es@rasi.∞m							
E	E-mail address: (to be used for future an	nual report notifica	ntion)					
For fu	rther information concerning this matter	r, please call:						
Mary	Castillo	888 at (	705-7274					
	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	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the followin	g amount:						
	☑ \$25 Filing Fee	<b>□ \$</b> 55	Filing Fee & Certified Copy					
INHS	8 (2/14)							

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: DG Ke	eyston	e, LLC					
2. (a)								
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(b)					
	7650 OLD HAMMOND HIGHWAY BATON ROUGE, LA 70809		7650 OLD HAMMOND HIGHWAY BATON ROUGE, LA 70809					
	8/24/2011		M110	0000426	7			
3.	Date of filing/registration in Florida	4.		Document num	ber			
5. (a)	Registered Agent and Registered Office shown on the recor  CTCORPORATION SYS  Registered Office Address (MUST BE FLORIDA STR.) 1200 SOUTH PINE ISLAND ROAD	STEM		::	M.	2019 APR		
	PLANTATION	33324 , FL			ALLAMASSEE	25 PM		
(b)	Enter name of NEW Registered Agent and/or NEW Regis				#. #.(.	12: 0		
	Registered Agent Solution  NEW Registered Office Address: 155 Office Plaza Dr.							
	Tallahassee	32301 _, FL						
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the reg ed liability c ers of the lii	istered office ompany, it is nited liability	and the busines hereby confirm y company or as	ss office ned that t	of the ri he chan	egistered ge(s)	
/s/	/s/ Richard Hill		ichard H	lilf	Mar	nage	r	
I here provis the ob- to mer notifie	ature of a member or authorized representative of a member of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.  Justine Karnell	olete perforn	iance of my c	luties, ånd I am	agree to e familiar	comply with an	d accept	
Signati	ure of Fegistered Agent Assistant Secretary							
	Division of Corporations • P FILIN	O. Box 632 G FEE: \$25		see, FL 32314				