

m12000001671

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

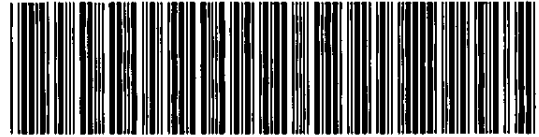
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800276983418

TO AGONY  
SUFFICIENT OF FILING

15 SEP 11 PM 10:43

RECEIVED  
DEPARTMENT OF  
DIVISION OF

FILED

2015 SEP 11 A 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 14 2015

3 MASON

Date: 09/11/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: C014005

ENTITY NAME: DCR MORTGAGE VI SUB II, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: \_\_\_\_\_

Authorized Amount: \_\_\_\_\_

Signature: Michelle Walker



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2015

NATIONAL CORPORATE RESEARCH, LTD  
MICHELLE WALKER

SUBJECT: DCR MORTGAGE IV SUB II, LLC  
Ref. Number: M09000004529

We have received your document for DCR MORTGAGE IV SUB II, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

DOCUMENT NUMBER DOES NOT MATCH ENTITY NAME

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 415A00019225

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

*Pursuant to the provisions of sections 605.0114, 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: DCR MORTGAGE VI SUB II, LLC

2. (a) Principal office address of limited liability company: 333 THIRD AVENUE NORTH, SUITE 400  
(Note: **MUST BE STREET ADDRESS**)

ST. PETERSBURG, FL 33701

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

November 16, 2009

M12000001671

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:

CT Corporation System

Registered Office Address:

1200 South Pine Island Road

1200 South Pine Island Road

Plantation, FL 33324

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

**NEW** Registered Agent:

National Corporate Research, Ltd., Inc.

**NEW** Registered Office Address:

115 North Calhoun St., Suite 4

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee

FL 32301

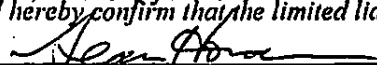
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Stacy J. Ames Secretary On behalf of DCR Mortgage Partners VI, LP

Printed or typed name of signer

*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 605, 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.*

  
Signature of Registered Agent

Sean Honan, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32317

**FILING FEE: \$25.00**

INHS18 (12/13)

FILED  
SEP 11 A 10:44  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA