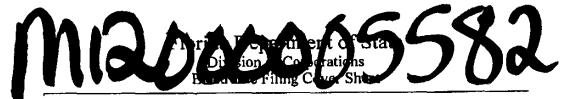
3/24/2014 11:56:59 From: To: 8506176383

Division of Corporations

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D.B

		COYER	LETTER		
	istration Section Islan of Corporations				
SUBJECT	DDP DMO of Florida, LLC				
SOPPLE	Name of Limited Liability Company				
Dear Sir or h	Viadam:				
The enclosed	d Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	following:		
Joy Schroede	Ŧ				
	Name of Person				
NRA! Carpor	rate Services				
	Firm/Company	- A	_		
IO21 Main St	treet, Suite 1150				
	Address		Pakaning		
Houston, TX	77002				
<u>-i</u>	City/State and Zip Code	•			
jschroeder@r	nrai,eom				
E-mail	address: (to be used for future and	nual report noti	fication)		
For further is	nformation concerning this matter	, please call:			
Joy Schroede	r	800 at (B62-5438		
	Name of Person		Area Code & Daytime Telephone Number		
	EET/COURIER ADDRESS:		IAILING ADDRESS:		
	stration Section		Registration Section		
	tion of Corporations		Division of Corporations		
_	on Building		P.D. Box 6327 Talishassec, Florida 32314		
	Executive Center Circle Shassee, Florida 32301	Ti	Simmessog, Floride 34314		
Enci	osed is a check for the following	gamoupt:			
⊠ \$3	25 Piling Fee	ធ្ន	35 Filing Fee & Certified Copy		
INHS18 (2/14)		,		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubnits 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: DDP DMG of Pl	lorida, Ll	c	<u> </u>
Z. (a)			b)(d	
. (-,	Principal office address of limited flobility company: (Pints: MUST BE STREET ADDRESS)			Mailing address of limited Bability company: (Note: MAY BE POST OFFICE ROZ)
	10/04/2012		M12000	
•	Date of filing/registration in Florida	4.	ŕ	Document number
. (a)				 .
	Registored Agent and Registered Office shown on the records of	fthe Flork	is Dept. of 1	State:
	Registered Office Address (AIUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road			ZOTA HA
	Plantation	33324		- AR
(b)	NRAI Services, Inc.			SSEE FI
	Enter name of <u>NEW Registered Apont</u> and/or <u>NEW Registered</u>	LOMex s	lden:	# 9: 2
	NEW Registered Office Address:			— ω
	1200 South Pine Island Road			_
	Plantation	33324		
	<u></u>			_
e cha Jent v as/we	imited liability company is not organized under the lat ngs or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reginability of the limited	stered off ompany, i nited liab liability o	fice and the business office of the registere it is hereby confirmed that the change(s) lifty company or as otherwise provided in company.
	1000 a manufest of author 1200 representative of a member	Ale	ssandro Gi	
	ir desemptitie appaintment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ity reflect a change in the registered office address, it in writing of this change. evices by	ree to ac perform d für in hereby c	i in this co ance of n Chapter to anfirm th	Printed or typed name of signes apacity. I further ourse to comply with the sy duties, and I any lamillar with and accept to S. P.S. Or, if this document is being flea at the limited liability company has been
	V.;			
	Division of Corporations P.O. I FILING F	Box 632 EE: 52 5	7 • Tallat .00	nasce, FL 32314

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