Florida Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

E23	Address:			

LLC REGISTERED AGENT CHANGE THE DISTRICT COMMUNICATIONS GROUP, LLC

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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.

	ame of the limited hability company: 1711 PASTRIST C			151 N N	łob Hill Rd	
2. (a)	Puncipal office address of hmited habitay company (Note: MUST BE STREET ADDRESS) #309		(0)	4309	Mailing address of limited hability company. (Note: MAYBE POST OFFICE BOX)	
	PLANTATION, FL 33324			PLANTATION, FL 33324		
	1/22/2013		M	11300006	00493	
, ()	Date of filing/registration in Florida CLAMPITT, ADAM	4.	_		Document number	
. (a)	Registered Agent and Registered Office shown on the records of the 151 N Nob Hill Rd	iate:				
	Registered Office Address	_				
	PLANTATION					
(b)	C T Corporation System	2024 HAR 1.2				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	<u>Office a</u>	ıddr	<u> </u>		
	NEW Registered Office Address: 1200 South Pine Island Road				PH 1: 30	
	Plantation, FL_	33324			<i>ـــ</i>	
re cha gent w ras/we re arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws.	s of the he regular the hility of the hility of the hilitection in the hilitection is a second contraction of the hilitection o	ne Si giste com mite I lia	red offi pany, it ed liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
	ure of a member or authorized representative of a member	_	<u>´</u>		Printed or typed name of signee	
rovisi he ohl. o mere otifiec	ov accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I'm writing of this change CT Corporation System 1 Jutora Possa	e to a perfor l for u ereby	ict ir mar. 1 Ch conj	this ca ice of m apter 6 firm tha	pacity. I further agree to comply with the values, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
By; Signatui	e of Registered Agent, Natalie Pickens, Assistant Secretary					