## M13000000849

(Re	equestor's Name)					
(Ac	ddress)					
(Address)						
(Ci	ty/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

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CCH

4-8-15

DC

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

100

ACCOUNT NO. : 12000000195

REFERENCE : 530221 7738377

AUTHORIZATION :

COST LIMIT : (\$`\25.00

ORDER DATE: March 5, 2015

ORDER TIME : 9:22 AM

ORDER NO. : 530221-030

CUSTOMER NO: 7738377

## CHANGE OF AGENT

NAME: DBTA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration Section Division of Corporations						
DBTA, LLC						
	ne of Limited I	Liability Company				
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	following:				
Touch tourist soll control of the co		, toneg.				
Stacey Elliot, Paralegal						
Name of Person		<del></del>				
McLane, Graf, Raulerson & Middleton, PA						
Firm/Company						
900 Elm Street						
Address						
44						
Manchester, NH 03101  City/State and Zip Code						
•						
stacey.elliot@mclane.com  E-mail address: (to be used for future and	nual report noti	fication)				
For further information concerning this matter	-	,				
<u>-</u>	, picase can.					
Stacey Elliot, Paralegal	at (	628-1268 )				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:		IAILING ADDRESS:				
Registration Section	egistration Section					
Division of Corporations	ivision of Corporations					
		O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	T:	allahassee, Florida 32314				
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	<b>-</b> 5	655 Filing Fee & Certified Copy				
INHS18 (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.	Na	me of the limited liability company: DBTA, LLC		
2.	(a)	8641 Elm Fair Blvd, Tampa, FL 33610	(b)	PO Box 2108, New Castle, NH 03854
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		January 9, 2012	<u>_</u>	J13000000849
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T Corporation System		
	. ,	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
		1200 South Pine Island Road		
		Registered Office Address (MUST BE FLORIDA STREET)		
		Plantation FI	. 33324	
		1 izintaror	. 00024	
	<b>(b)</b>	Corporation Service Company		APR F
	,-,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	
		1201 Hays Street		—————————————————————————————————————
		NEW Registered Office Address:		
				<u> </u>
		Tallahassee , FL	. 32301	<del>*************************************</del>
the age wa	cha ent w s/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the register ability comp of the limite limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in oility company.
			<u>(at )</u>	RULD CETENDRE
]   pro the to	nereb ovisio obli mere	wie of a member of authorized representative of a member of a uncoper the appointment as registered agent and agus ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I fin writing of this change.	ree to act in performant d for in Cha hereby conf	
	-	Circle 1		Courtney Williams Asst. Vice President
Sig	matur	e of Registered Agent Corporation Service Company	BY:	ASSI. VICE FIESIGEIT

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