## 017.66

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #)	1		
PICK-UP	☐ WAIT	MAIL		
(Bu:	siness Entity Name)			
,-				
(Do	cument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
J. Lennis	,			
11/25/2	~			

Office Use Only



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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.

1. N	lame of the limited liability company: DT MIAMI LLC	; 			
2. (a)		(	(b)		
~· (··/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	350 NW 1ST AVE, STE 200		350 NW	1ST AVENUE STE 200	
	MIAMI, FL 33128	<del></del>	MIAMI, I	FL 33128	
	03/20/2014		M140000	01866	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	)				
	Registered Agent and Registered Office shown on the records of BERGMANN, CYNTHIA	f the Floric	da Dept. of St	ate:	
350 NW 1ST AVE, STE 200					
	MIAMI, F	L 33128		NV 25	
				TARY OF	
(b)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  350 NW 1ST AVE, STE 200  MIAMI  FL 33128  (b)  Enter name of NEW Registered Agent and/or NEW Registered Office address: 78				
	Corporation Service Company				
	NEW Registered Office Address:	-			
	1201 Hays Street			_	
	Taliahassee F	. 32301 L			
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e register iability c of the lin	red office a ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
/s	/ Kolleen Cobb	Ko	lleen Cobb,	, Authorized Person	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	gree to ac e perforn ed for in ' hereby c	t in this cap lance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
	/ Grace E. Kirby		Grace E. k	Kirby, Asst Vice President	
Signat	ure of Registered Agent				