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Division of Corporations

Fax Number

·: (850)617-6383

From:

: INCORPORATING SERVICES FL Account Name

Account Number : 120050000052 Phone

: (850)656-7956 Fax Number : (850)656-7953

**Enter the email address for this business entity to be used for future

LLC REGISTERED AGENT CHANGE DM JACKSONVILLE, LLC

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Y SULKER

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.

1.5	ame of the limited liability company: DM Jacksor	·······			
. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liabi (Note: MAY BE POST OF)		
	250 W Main Street, Suite 101		50 W Main Street, Suite 101	_	
	Woodland, CA 95695		Woodland, CA 95695		
	06/30/2016	M	16000005258		
•	Date of filing/registration in Florida	4.	Document number		
. (<u>a</u>)					
. (-,	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	_L 33324			
(b)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addre	11	17 HAY 15 A	
				E TT	
	NEW Registered Office Address:			Di. Partin	
	NEW Registered Office Address: 1540 Glenway Drive	·	DRA .		
	1540 Glenway Drive	32301	75		