(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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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. 1	Name of the limited liability company: DTS DT RETA	IL LLC		
2. (a		(b)		
(.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	ailing 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	MIAMI, FL 33128 M17000005561		
	06/29/2017			
3.	Date of filing/registration in Florida	— 4. —	D	Occument number
5. (a	a)			
J. (t	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of State:	
	BERGMANN, CYNTHIA			202 SF
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		TOP Y
	350 NW 1ST AVE, STE 200			W 2
	MIAMI . F	33128		2024 NOV 25 AH II: 5
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			. 58
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:	
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee, F	L32301		
chang agent was/v	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 registered liability con of the limi	I office and to npany, it is be ted liability of	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in
	s/ Kolleen Cobb	Kolle	en Cobb, Au	uthorized Person
Sigi	nature of a member or authorized representative of a member		I	Printed or typed name of signee
provi the o to me	weby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I ed in writing of this change.	gree to act i e performai ed for in Cl I hereby cor	n this capac ace of my du apter 605, i afirm that the	itv. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
				oy, Asst Vice President
Signa	ture of Registered Agent			

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