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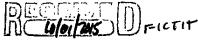
Amendment Section Division of Corporations Group Acquisition One (FL), Inc. Name of Corporation The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: J. Kirby Chritton, Esq. Name of Contact Person Rogers Towers, P.A. Firm/Company 1301 Riverplace Blvd., Suite 1500 Jacksonville, Florida 32207 City/State and Zip Code kchritton@rtlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kirby Chritton Area Code & Daytime Telephone Number Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617 nange is submitted for a corporation o ler to change its registered office or re	rganized under the laws of th	he State of Florida
	the corporation: D Group Acquirely office address: 3195 Ponce De L		Coral Gables, Florida 3313
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 5/4/2006	Document number	P06000063388
	d street address of the current registerent rement of State: (If resigned, enter resigned,		;
	Law Office of Carlos A. Ro	mero, Jr., P.A.	001 2 001 2
	3195 Ponce De Leon Blvd	., Suite 400	200 PP T
	Coral Gables, Florida 3313	34	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or reg	gistered office
	1301 Riverplace Blvd., Sui	te 1500	067 0 5 2615
		IOT acceptable	LY:
	Jacksonville, Florida 32207	,	
	ess of its registered office and the stre be identical. Is authorized by resolution duly adopt the board, or the corporation has been		
	V · √	DESIREE M. DUBON,	EYP
I hereby accept I further agree to performance of a agent. Or, if this hereby confirm	the appointment as registered agent to comply with the provisions of all stormy duties, and I am familiar with and s document is being filed merely to rethat the corporation has been notified attractions of Registered Agent	Printed or typed in this capa attutes relative to the proper accept the obligation of my	name and title acity. and complete y position as registered ered office address, I
	nalf of an entity:	DATE DOT 1. AMOUNT \$ ACCOUNT BUILDING	2015 35.00 40 124 00
Туן	ped or Printed Name *** FILING F	DESC Licases; APPROVALGE EE: \$35.00 * * *	Per. Astas

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)