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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
PO7000057107

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

Address

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:

J. Kirby Chritton

, 904

346-5566

Name of Contact Person

Area Code & Daytime Telephone Number

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

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

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

statement of ch	e provisions of sections 6 nange is submitted for a c ler to change its registere	corporation organi	zed under the laws of	the State of Flori	da	-
1. The name of	the corporation: D Gro	oup Acquisitio	n Four (FL), Inc.			
2. The principa	office address: 3195 F	Ponce De Leon	Blvd., Suite 400,	Coral Gables	s, Florida	3313
3. The mailing	address (if different):					
4. Date of inco	poration/qualification:	5/11/2007	Document number	P0700005	57107	
	d street address of the cu rtment of State: (If resign			ce on file with th		
	Law Office of Ca	rlos A. Romei	o, Jr., P.A.		5 007	
	3195 Ponce De l	_eon Blvd., Sเ	uite 400		- 14 - 13 - 15	
	Coral Gables, Flo	orida 33134				
6. The name an (if changed):	d street address of the ne		(if changed) and /or re	egistered office	H: 56	
	J. Kirby Chritton,	Esq.				re f
	1301 Riverplace				Y K 5 Y	
	Jacksonville, Flor	P.O. Box NOT act	ceptable	0	CT 0320	115
=	ess of its registered offic be identical.	e and the street ad				 !,
authorized by the	as authorized by resolution the board, or the corporation	ion has been notifi	ed in writing of the c	hange.		
	re of an officer or director	 -	DESIREE M. DUBON	name and title		
I hereby accept I further agree performance of agent. Or, if th	the appointment as regi to comply with the provis my duties, and I am fam is document is being file that the corporation has	sions of all statute iliar with and acco d merelv to reflect	gree to act in this cap s relative to the prope ept the obligation of a a change in the regis	oacity. er and complete ny position as re stered office add	gistered ress, I	
Sig	nature of Registered Agent		Da	te		
f signing on be	half of an entity:		DATE AMOUN ACCOUN	VT 5/24	<u>u</u>	
Ty	/ped or Printed Name	* FILING FEE:	ADDDOV	censes - Reg.	Agi chy	
				· , 7 7		

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