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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: D Group Acquisition Five (FL), Inc.

Name of Corporation

DOCUMENT NUMBER: P07000062515

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

at (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 ci	e provisions of sections 607.0 hange is submitted for a corp der to change its registered o	oration organized under	the laws of the	e State of Florid	da	
1. The name of	f the corporation: D Group	Acquisition Five (FL), Inc.			
2. The principa	al office address: 3195 Pon	ice De Leon Blvd., S	Suite 400, C	Coral Gables	s, Florida 33	13
3. The mailing	address (if different):					
4. Date of inco	rporation/qualification: 5/24	4/2007 _{Docu}	ment number:	P0700006	32515	
	nd street address of the current artment of State: (If resigned,		gistered office	on file with th	e	
	Law Office of Carlos	s A. Romero, Jr., F	P.A.		ਲੇ	
	3195 Ponce De Leo	on Blvd., Suite 400			<u> </u>	
	Coral Gables, Florid	ia 33134			00 m	
6. The name an (if changed):	d street address of the new re	egistered agent (if change	d) and /or regi	stered office	Fi 12: 00	
	J. Kirby Chritton, Es	q.		THE T	IL EX EX E	J
	1301 Riverplace Blv	d., Suite 1500			0 5 2015	2,000
	11	P.O. Box NOT acceptable				
	Jacksonville, Florida	32207		БҮ:		-
	ess of its registered office and be identical.					
Such change was authorized by the	as authorized by resolution d he board, or the corporation	luly adopted by its board has been notified in writ	of directors of of the cha	or by an office nge.	r so	
Signatu	ire oldan officer or director		M. DUBON Printed or typed n			
l further agree i performance of agent. Or. if th	the appointment as register to comply with the provision my duties, and I am familian is document is being filed mo that the corporation has bee	s of all statutes relative i r with and accept the obl erely to reflect a change	to the proper ligation of my in the registe	and complete position as re	gistered ress, I	
All			9/23/	2015		
	nature of Registered Agent half of an entity:	Al A	ATE Date MOUNT \$ CCOUNT JILDING	200 1, 7015 35:00 40 3124 1000	-	
Ту	ped or Printed Name	A	PPROVAL <i>GA</i>	1 leg. Acta	chs	
	***F	ILING FEE: \$35.00 * *	** "O"	500		

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