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SECRE I ART OF STALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

APR 2 9 2014 C. CARROTHERS

COVER LETTER

10:	Amendment Section Division of Corporations	
SUBJI	JECT: DHRB Holdings, Inc.	ation
DOCI	UMENT NUMBER: P10000046349	· .
The en	nclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.
Please	e return all correspondence concerning this matter to th	e following:
	Rhono	da Peirce
	Name of Contact I	Person
	Capitol Services Reg	istered Agent Department
	Firm/Compar	ny
	900 Pro	-an Sta 400
	Address	zos Ste 400
	Austin, City/State and Zip	, TX 78701
	Chyrotate und 22p	, 6546
	E-mail address: (to be used for future	annual report notification)
For fu	urther information concerning this matter, please call:	
	Rhonda Peirce	∠ 800 \345-4647
	Name of Contact Person	(800) 345-4647 Area Code & Daytime Telephone Number
Enclos	osed is a \$35.00 check made payable to the Department	of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	•	Tallahassee, FL 32301

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

statement of ch	provisions of sections 60 ange is submitted for a co er to change its registered	prporation organized t	ınder the laws of the Sto	ate of Florida	-	
1. The name of	the corporation: DHRB	Holdings, Inc.	· · · · · · · · · · · · · · · · · · ·			_
	l office address: 3133 F		15, Wellington, Fl	_ 33414	<u></u>	_
3. The mailing	address (if different):					<u>-</u>
4. Date of incom	poration/qualification: 0	6/01/2010	Document number: P	10000046349		_
	d street address of the cur		and registered office on	file with the		
	Capitol Corporate	Services, Inc.		·		
	3133 Fortune Way	/, Ste_16				
	Street Address Wellington	FL	33414			
(if changed):	Capitol Corporate 155 Office Plaza E	Services, Inc.		SEORE I SAY A	Ď,	
	Tallahassee	FL	32301		- II.	7.5
The street addr	city ress of its registered office I be identical.	State on and the street address	zlp Code ess of the business offic	e of its registered ag		
	as authorized by resoluti the board, or the corporat			<u> </u>	19	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	ure of an officer or director I the appointment as regingly with the proving form of the proving file of the proving file of the corporation has the corporation has the corporation of the province of Registered Agent			ry. id complete osition as registered d office address, I		
	ehalf of an entity:					
	se, Asst. Secretary	on behalf of Cap	itol Corporate Sei	vices, Inc.		

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)