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COVER LETTER

Division of Corporations		
SUBJECT: PCICL DICON DA Name of Corporation		
DOCUMENT NUMBER: P150000599992		
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:		
Peter Ortega Name of Contact Person		
Keller Williams Realty		
1600 Mexidian Aue Suite 201		
Miami Booch, FL. 331391. City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Peter Ortean at 1562 ,209-4014		
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 change is submitted for a corporation organized under the laws of the State of Florida Statutes, this
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Detel Opted DA
2. The principal office address: 1600 MERIDIAN AVE SUITE 201
Miami Beach, FL 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: TWY 14, 2015 Document number: P1500059999
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Corporation service company =
1201 Hays St.
Tallahassee, FL.32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Keller Williams Attn: Peter Ortega, PA
1620 Meridian Ave Suite 201
Miami Booch, FL. 33139
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an object or Defect Option Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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