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Division of Corporations

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Email Address:

REGISTERED AGENT CHANGE DEGC ENTERPRISES (U.S.), INC.

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T. ROBERT®9EE9598

9/17/2012

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CT CORPORATION

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

statement of ch	ange is submitted for a corporation org	3502, 607.1508, or 617.1508, Florida Statute ranized under the laws of the State of Florida	8
		istered agent, or both, in the State of Florida	*
1. The name of	the corporation: DEGC ENTERPRISES	(U.S.), INC.	<u> </u>
• •	office address: 1505 LBJ FREEWAY S B BRANCH TX 75234	SUITE 600	
3. The mailing.	"		
4. Date of incor	poration/qualification: 03/14/1994	Document number: P94000021249	
	d street address of the current registered atment of State: (If resigned, enter resig	d agent and registered office on file with the med)	I
	CORPORATION SERVICE COMPANY	Y	
	1201 HAYS ST		A S
	TALLAHASSEE FL 32301 US	·	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	FILL PH 3: 44
•	C T Corporation System		بب روايت
	c/o C T Corporation System, 1200 South	Pine Island Road Plantation,	=
		OT acceptable	7 <u>.</u> 4
	Florida 33324		
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its regist	tered agent,
Such change was authorized by the	as authorized by resolution duly adopte to board, or the corporation has been no	d by its board of directors or by an officer of the change.	80
TXV.	yould basket	Kimberly Baggett, VP	
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t	we in only or another forms of a post of the appointment as registered agent at a comply with the provisions of all states with and a duties, and I am familiar with and a state of the comparation has been notified to corporation has been notified.	Printed or typed vame and tulk and agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as reg lect a change in the registered office addre in writing of this change.	istered ess, I
By: FAU	Xtoll	9/12/2012	_
Sign	ature of Registered Agent	Date	
	nalf of an entity: stin Bolden ant Secretary		
	ped or Printed Name		
	+ * * Filing Fe	E: \$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)

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