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(Red	questor's Name)
(Add	dress)
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(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to I	Filing Officer:
,	Office Use Only



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SECRETARYSEE FOR TO

Ra change



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: October 30, 2014

Order#: 349927-055

Re: HATCH MOTT MACDONALD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ISELIN O7/21/2005 Date o (a) CTCORPO Registered Agent a 1200 SOUTH Registered Office PLANTATION (b) Corporation S	Filing/registration in Flor RATION SYSTEM and Registered Office shown on the PINE ISLAND ROAD Address (MUST BE FLORI)	ida the records of the	4. DDRESS)	M05000	(Note: MAY)	of limited liability company: BE POST OFFICE BOX)
ISELIN O7/21/2005 Date o (a) CTCORPO Registered Agent a 1200 SOUTH Registered Office PLANTATION (b) Corporation S Enter name of NE 1201 Hays Ste	Filing/registration in Flor RATION SYSTEM and Registered Office shown on the PINE ISLAND ROAD Address (MUST BE FLORIS	ida the records of the	4. DDRESS)	M05000	Mailing address of (Note: MAY) 004040 Document nu	of limited liability company: BE POST OFFICE BOX)
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Enter name of NE	ervice Company					
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1201 Hays St					_	ALL SEC
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NEW Registered					_ 	
<u></u>	Office Address:					
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Tallahassee		, FL	32301			
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	authorized representative of a m					d name of signee
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