Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000004541 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
|-------|----------|--|
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LLC REGISTERED AGENT CHANGE MWR HOLDINGS LLC

| Certificate of Status | 0 |
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| Page Count | 02 |
| Estimated Charge | \$25.00 |

C KINSE

COVER LETTER

→ 18506176383

| TO: | Registration Section Division of Corporations | | |
|--|---|-----------------------|--|
| SUBJE | ECT: MWR Holdings LI | LC | |
| 30001 | LO | e of Limited Liab | ility Company |
| Dear S | ir or Madam: | | |
| The en | closed Registered Agent/Registered Offic | ce Change and fe | e(s) are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the fol | lowing: |
| Jac | lyn Wright | | |
| | Name of Person | | |
| Regis | stered Agent Solutions, Inc. | | |
| | Firm/Company | | • |
| 1701 | Directors Blvd, Suite 300 | | |
| | Address | | • |
| Austi | n, TX 78744 | | |
| | City/State and Zip Code | | |
| <u>-</u> | E-mail address: (to be used for future annu | ual report notifica | ation) |
| For fu | rther information concerning this matter, | please call: | |
| Jac | lyn Wright | 888 | 705-7274 |
| <u></u> | Name of Person | | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Regi Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314 |
| | Enclosed is a check for the following | | |
| | □ \$25 Filing Fee | \$55 | Filing Fee & Certified Copy |
| INHSI | 8 (2/14) | | |

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

| 1. Na | ame of the limited liability company: MWR Hol | ldings L | LC | | |
|----------------------------|---|---|---|--------------------------|--|
| 2. (a) | 210 Hillsboro Technology Drive | (b) | (b) 210 Hillsboro Technology Drive | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Deerfield Beach, FL 33441 | <u> </u> | Deerfield Beach | n, FL 33441 | |
| | 9/2/2010 | | 110000003903 | | |
| 3. | Date of filing/registration in Florida | 4. | Document nu | ımber | |
| 5. (a) | CORPORATION SERVICE COM | 1PANY | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET | f the Florida D | ept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | | | |
| | TALLAHASSEE , F | _32301 | 2525 | 2021 JAN -5 | |
| (b) | Registered Agent Solutions, Inc. | | | JAN-5 AHII | |
| (*) | Enter name of NEW Registered Agent and/or NEW Registere | ed Office addr | 25.5 : | | |
| | 155 Office Plaza Dr. | | | MHII: 35 | |
| | NEW Registered Office Address: | | | 35 | |
| | Suite A | | | | |
| | Tallahassee, F | . _L 32301 | 45 | | |
| the character agent was/w | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the registe liability con of the limit | ered office and the busi spany, it is hereby conf ed liability company or | irmed that the change(s) | |
| s/ R | Richard Weissman | Rich | ard Weissman | Manager | |
| • | ature of a member or authorized representative of a member | | • | ed name of signee | |
| provis the ob to mer | eby accept the appointment as registered agent and a tions of all statutes relative to the proper and comple- ligations of my position as registered agent as provid- rely reflect a change in the registered office address, and in writing of this change. | | | | |
| Signati | Mackenzie Hart, Asst. Secretary ure of Registered Agent | | | | |