

# M1200000775

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
MCCRARY HOLDINGS I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
14 OCT -8 PM 3:03  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA  
14 OCT -8 AM 11:04

# LLC RA/RU Change

Electronic Filing Menu Corporate Filing Menu

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McCrary Holdings I, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily Pearl  
Name of Person

CT Corporation  
Firm/Company

1999 Bryan Street, Suite 900  
Address

Dallas, TX 75201  
City/State and Zip Code

Emily.Pearl@wolterskluwer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Pearl at ( 949 ) 743-8138  
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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

INHS18 (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 Florida.

1. Name of the limited liability company: McCrory Holdings I, LLC
2. (a) 2141 Rosecrans Avenue, Suite 2100 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) El Segundo, CA 90245
(b) P.O. Box 3429 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) El Segundo, CA 90245
3. 05/16/2012 Date of filing/registration in Florida
4. MI2000002775 Document number

5. (a) C T Corporation System Registered Agent and Registered Office shows on the records of the Florida Dept. of State 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324
(b) National Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Daniel E. Rebec Executive Vice President

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. National Registered Agents, Inc. By: Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00