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To:

Division of Corporations

Fax Number : (850)617-6383

er the email address for this business entity to be used for future

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442

Fax Number

annual report mailings. Enter only one email address please.\*\* Email Address:

> LLC REGISTERED AGENT CHANGE ZM MWC OWNER, LLC

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## 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. N	ame of the limited liability company: ZM MWC O	WNER,	LLC
2. (a)	2001 SUMMIT PARK DR SUITE 300	(h)	2001 SUMMIT PARK DR SUITE 300
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32810		ORLANDO, FL 32810
		_	
	10/21/2015	_	M15000008436
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
J. (U)	Registered Agent and Registered Office shown on the records of the 1201 HAYS ST	he Florida [	Dept. of State:
	Registered Office Address	DDRESSI	2023
	TALLAHASSEE .FL	32301	· म म .:
(b) Corporate Creations Network Inc.			20 C
	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	<u>.</u>
	801 US Highway 1		. 24
	NEW Registered Office Address:		<del></del>
			<u></u>
	North Palm Beach .FL	33408	3
change agent was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered bility com I the limit	I office and the business office of the registered apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	aitlin Lazarus	Cait	tlin Lazarus, Attorney-in-Fact
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the obj to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change.	e to act in performant for in Ch ereby con	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been

Signature of Registered Agent

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary