## L08000092030

(Requestor's Name)		
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
/Bu	siness Entity Nam	<u></u>
(50	Siness Littly Nam	ie)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: April 16, 2013

Order#: 606298/017

Re: MBSA 2, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Vera M. Norris

c/o Corporation Service Company

2711 Centerville Road, Suite 400

Wilmington, DE 19808

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

INCA.XCOA

2013 APR 18 PM 1: 36 SCORE GARY OF STATE

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: MBSA 2, LLC		<del></del>
2 (a) Deinainal office address of limited lightility assurance.	. 201 C. Biogoveo Blud	
2. (a) Principal office address of limited liability company	26th Floor	
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131	
	Midilii, I L 33 13 1	The state of the s
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
09/29/2008	L08000092030	
3. Date of filing/registration in Florida	<ol> <li>Document number</li> </ol>	RES ES
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida	Dept. of State:
Design of Access	I 18/-II	SS 18
Registered Agent:	Jones Walker	
Registered Office Address:	201 S. Biscayne Blvd.	
registered Office Address.	26th Floor	25
	Miami, FL 33131	<u> </u>
		***
(b) Enter name of NEW Registered Agent and/or NEV	V Pagistared Office add	race:
(b) Enter name of NEW Registered Agent and/or NEV	Negistered Office add	1 633.
NEW Registered Agent:	Corporation Service Company	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)	T-U-t	E1 00004
	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the la	ws of the State of Florida	a. it is hereby
confirmed that after the change or changes are made, the Flo	orida street address of the	registered office
and the business office of the registered agent will be identi	cal. Or, in the case of a F	Florida limited
liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwis	was/were authorized by a	in affirmative vote of
the operating agreement of the limited liability company.	e provided in the articles	or organization or
	_	
Signature of a member or authorized representative of a member		
D. D. L. A. H ID		
Dona Priebe, Authorized Person  Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and as	gree to act in this capacit	y. I further agree to
and I am familiar with and accept the obligations of my pos	ition as registered agent	as provided for in
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ely reflect a change in the	e règistered office
By: Signature of Registers Agent Corporation Service Company	<b>.</b>	
Corporation Service Company	Sylvia Queppet, Asst. VI	,
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 323	14

**FILING FEE: \$25.00**