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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

: (702)866-2500

Phone Fax Number

: (702)866-2689

\*\*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 305 FIFTH AVENUE SOUTH HOLDINGS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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#### COVER LETTER

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|          | Registration Section Division of Corporations                     |             |  |
|----------|---|-------------|--|
| SUBJE    | CT: 305 Fifth Avenue South Holdings, LLC                          |             |  |
|          |   | mited Liat  | ollity Company                           |
| Dear Si  | r or Madam:   |             |  |
| The end  | :losed Registered Agent/Registered Office Cha                     | nge and fe  | e(s) are submitted for filing.           |
| Please r | return all correspondence concerning this matte                   | r to the fo | liowing:                                 |
|          |   |             |  |
| Kathy    |   | ·           | <b>-</b>                                 |
|          | Name of Person  |             |  |
| InCorp   | Services, Inc.  | •           |  |
|          | Firm/Company  |             |  |
| 3773 H   | loward Hughes Pkwy Suite 5005                                     |             |  |
|          | Address   |             | •  |
| l on V   | NV PO460 CO44   |             | •  |
| Taa ve   | egas, NV 89169-6014  City/State and Zip Code                      | ·····       | -  |
|          | •   |             |  |
|          | nents@incorp.com -mail address; (to be used for future annual rep | ort notific | ation)                                   |
|          | ther information concerning this matter, please                   |             | •  |
| 1011411  | met motniggen concerning and manay prome                          | ••••        |  |
| Kathy    | Shin for InCorp Services, Inc. at (                               | 800         | ) 246-2677                               |
|          | Name of Person  |             | Area Code & Daytime Telephone Number     |
|          | STREET/COURIER ADDRESS:   |             | iling address:                           |
|          | Registration Section Division of Corporations                     |             | stration Section<br>sion of Corporations |
|          | Clifton Building  |             | Box 6327                                 |
|          | 2661 Executive Center Circle                                      |             | nhassee, Florida 32314                   |
| •        | Taliahassee, Florida 32301  |             |  |
|          | Enclosed is a check for the following amount                      | nt:         | ·  |
|          | 2 \$25 Filing Fee   | <b>S</b> 55 | Filing Fee & Certified Copy              |
| INHS18   | 3 (2/14)  |             |  |
|          | 4 (700003   | 78:         | 73                                       |

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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.

|      | 000 Maryland Avenue, Suite 610, Clayton, MO 6310  Principal office address of limited liability company: | <u> </u>  | (b) 8000 M      | aryland Avenue, Suite 610, Clayton, MO 63105  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |
|------|--|-----------|-----------------|---|
| _    | (Note: MUST BE STREET ADDRESS)   | and the   |                 | (NERS SIAT DE FUST UPPILE BUX)  |
| -    | DB/14/2015   | _         | M15000          | 0007286   |
| _    | Date of filing/registration in Florida   | 4.        |                 | Document number   |
| s) ( | C T CORPORATION SYSTEM   |           |                 |   |
|      | tegistered Agent and Registered Office shown on the records of   | the Flo   | rida Dept. of S | inte:   |
|      | 1200 South Pine Island Road  |           |                 |   |
| -    | Registered Office Address (AILIST BE FLORIDA STREET)   | 4DDR      | E <b>SS</b> I   | <del></del>   |
|      |  |           |                 | 17 FEB -8<br>Sindry of 18   |
| •    | Plantation   |           | 33324           |   |
| -    | Plantation , FL  | <b></b> - | 33024           |   |
| . 1  | inCorp Services, Inc.  |           |                 | <i>్ట్ `</i> ఉ  |
| _    | Inter name of NEW Registered Agent and/or NEW Registered   | Office    | address:        |   |
|      |  |           |                 | AH 8: 52<br>*** 건설:   |
| -    | 17888 67th Court North   |           |                 | <u> </u>  |
| 1    | NEW Registered Office Address:   |           |                 | 1 P   |
| •    |  |           |                 | <b></b>   |
|      | Loxahatchee  |           | 33470           |   |
| -    | nited liability company is not organized under the law   |           |                 | <del></del>   |

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

INHS18 (2/14)

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