I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under

other by certary una une internation indicated on this report or suppremental report is true and accurate and that my electronic signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL GONZALEZ MESTRE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L12000110334

Entity Name: MGM CONSULTING, LLC

Current Principal Place of Business:

P.O.BOX 565421 MIAMI, FL 33256

Current Mailing Address:

PO BOX 565421 MIAMI, FL 33256

FEI Number: 46-0903159

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED MEMBER
Name	GONZALEZ MESTRE, MANUEL	Name	GONZALEZ LARRAZABAL ,
Address	P.O.BOX 565421		
City-State-Zip:	MIAMI FL 33256	Address	PO BOX 565421
		City-State-Zip:	MIAMI FL 33256
Title	AUTHORIZED MEMBER		
Name	GONZALEZ LARRAZABAL , SEBASTIAN		
Address	PO BOX 565421		
City-State-Zip:	MIAMI FL 33256		

MANAGER

Certificate of Status Desired: No

FILED Feb 14, 2017 Secretary of State CC8831718412

> 02/14/2017 Date

Date