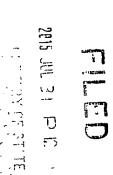
11 DOODOOOA 11

Office Use Only



800275492628

07/31/15--01019--008 **35.00



AUG 0 5 2015

3 MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mchare Obsiness Center LTD ULF Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: 400000000711
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Theresa Tucci
Markay Management Inc Firm/Company
One South Orange Are Ste 404 Address
Orlando F1.32801 City, State and Zip Code
Heresal markay managementing com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Tucci at (407) 206-2000
Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State.
STREET ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Clifton Building Division of Corporations P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registered office of regi	stered agent, or both, in		`
1. Mchane Busin	ess Center	LTDLLLF	<i></i>
Name of Limited I	artnership or Limited Lia	ability Limited Partnership	
2. 8 19 2003		3. P 000000	∞ 711
Date of filing/registration in	Florida	Florida document	number
4. The name of the registered agent a Department of State:			ords of the Florid
ram	ela Price	2, <u>CSG.</u>	
301E	Pine St. Address	Suite 1400	>
Orla	ndo Fi City, State and Zij	32801	
5. The name and Florida street addre	ss of the new registered a	igent and/or office:	
	ry Katz		
<u>One</u> S Florida	outh Orang street address (P.O. Box	ge Ave Ste	404
Orlan		_ _{FL} 32801	
6. Such chapge(s) is/are effective wh	en filed by the Florida D	epartment of State.	
Signature of General Partner	ct Neztala In	c	
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with an accept the	utes relative to the prope	r and complete performance	
Signature of Registered Agent			IND LARP COAT
Filing Fee: S	35.00		Company Company
9	552.50		6