AULOCOON

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



600280624656

02/02/16--01013--016 **35.00



FEB 0 3 2016

3 MASON



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez MARISSA.RATHER-LOPEZ@CSCGLOBAL.COM

Date: January 29, 2016

Order#: 943942/025

Re: MACSE, LLLP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Marissa Rather-lopez 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

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.

1.	MACSE, I	LLP			
Na	me of Limited Partnership or Limited	d Liability Lir	nited Partners	hip	
2. 09/18/2006		3	3 A06000001098		
Date of filing/registration in Florida			Florida docum	nent number	
4. The name of the re Department of State:	gistered agent and the registered offi	ce address as	shown on the	records of the Flo	rida
	Esposito, Robert - Still	es Corpora	ation		
	Name	•	· ·		
	301 E. Las Ola	as Blvd.			
	Address			···. 🗪	
	Fort Lauderdale	FL	33301	2016	*****
	City, State and	d Zip		132 FB	<u>.</u>
5. The name and Flor	rida street address of the new register	ed agent and/	or office:	FEB -2 P 3: 53 RETARY OF STATE SHASSEE FLORIDA	
	Corporation Service	e Compan	у	਼੍ਰੀਜ਼ ਹ	1,
	Name			EST SES	
	1201 Hays S	Street		를 등 5	
	Florida street address (P.O.		otable)	المراجع	
	Tallahassee	FL	32301		
	City, State an				
6. Such change(s) is/	are effective when filed by the Florid			ú r	
1/2	Robert Csyn	ticke Builde	ad Harent	K-	
Signature of General	Partner	3170 / Xeg127 =1			
comply with the provi and I am familiar wit Corporati By:		oper and comsition as registizabeth A. [nplete perform tered agent. Dawson _/ A	ance of my duties,	
Signature of Register	ed Agent - By: Macse, LLC,	its general	partner		
Filing Fee:	\$35.00				