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Ronald J.		_	
City/State/Z	ip Phone #	5/	9000041347692 -05/03/0101134002 *****25.00 *****25.00 Office Use Only
CORPORATION	NAME(S) & DOCU	MENT NUMBER	S), (if known):
. 1 -1015	12		
1. <u>C Q ()</u>	orporation Name)	(Documen	.t.#)
2.	_		
(C	orporation Name)	(Documen	.t.#)
3			
(C	orporation Name)	(Documen	t #)
4		(Documen	- th
	orporation Name)	(Documen	
☐ Walk in	Pick up time	——————————————————————————————————————	Certified Copy
Mail out	■ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS		AMENDMENT	<u>rs</u>
Profit Not for Prof Limited Lial Domesticati Other	oility	Change of I	n of R.A., Officer/Director Registered Agent /Withdrawal
OTHER FILIN	<u>GS</u>	REGISTRATIO	ON/QUALIFICATION
Annual Rep Fictitious N	ort	Foreign Limited Par Reinstateme Trademark Other	rtnership ent
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CR2E031(7/97)

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. The name of the limited	l liability company is: MSR Pa	rtners, LLC			
2. The mailing address of	the limited liability company is:	6407 NW 99th	Avenue,		
Parkland, FL 330	76 _				
05/26/2000	<u> </u>	<u>L0000006152</u>			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of S		address as shown	on the records of th	ıe	
	Miles Weiss	-	~		
	Name				
	6407 NW 99th Avenue				
•	Address		-		
	Parkland, FL 33076				
	City, State and Z	in	-		
	Oity, Date and 2	·P			
6. The name and address o	f the new registered agent and/or	office:	≅s o	:	
	Ron Bynum		CRET		
	Name		ASS		
_	643 N. Grandview Aven	ue	$\mathbb{R}^{\mathbb{Z}}$ ω	FILED	
_	Florida street address (P.O. Box	NOT acceptable)	ro R		
	Daytona Beach, FL 321	1 2	STAT STAT		
-			· 5F 35		
	City, State and Zir)	>		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member) Ronald J. Bynum, Vice-President

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

(Printed or typed name of signee)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)