Division of Corporations Electronic Filing Cover Sheet

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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.

(a)	me of the limited liability company: MISSION CAPITA 23975 PARK SORRENTO Suite 400 Calabasas, CA 913	302	(b)	23975 PARK SORRENTO Suite 400 Calabasas, CA 91
	Principal office address of limited liability company: (Note: MUST RE STREET APDRESS)	•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
i. 5. (a)	Date of filing/registration in Florida National Registered Agents, Inc	4.		L01000021689 Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 South Pine Island Road			
	Plantation FL ³	3324		
	C T Corporation System			EN 15
	Enter name of NEW Registered Agent and/or NEW Registered C	Mice	<u>ndd</u>	
	NEW Registered Office Address:			1 1: 12 LORID
	1200 South Pine Island Road			;: -
	Plantation FL_	3324	ļ	
e chi ent v	imited liability company is not organized under the law- ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the I	s of the rebility the imite	the segisticol con limited li	State of Florida, it is hereby confirmed that after tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	Ch Ch	T _	yler	A. Theobald
here ovisi e obt mer	nure of a member or authorized representative of a member by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete t ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	e to serfo for ereb	act rma in C y co	Printed or typed name of signee in this capacity. I further agree to comply with the unce of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been