## LOL 000091595

| (Requestor's Name)                      |                    |      |  |  |  |  |  |
|---|--------------------|------|--|--|--|--|--|
| (Address)                               |                    |      |  |  |  |  |  |
| (Address)                               |                    |      |  |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone | #)   |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL |  |  |  |  |  |
| (Business Entity Name)                  |                    |      |  |  |  |  |  |
| (Document Number)                       |                    |      |  |  |  |  |  |
| Certified Copies Certificates of Status |                    |      |  |  |  |  |  |
| Special Instructions to Filing Officer: |                    |      |  |  |  |  |  |
|   |                    |      |  |  |  |  |  |
|   |                    |      |  |  |  |  |  |
|   |                    |      |  |  |  |  |  |
|   |                    |      |  |  |  |  |  |

Office Use Only



300280633593

01/26/16--01016--024 \*\*25.00





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: January 22, 2016

Order#: 943942/024

Re: MACSE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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:Lindsey Lockard 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

## 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.

| 1.             | Na                              | me of the limited liability company:   | MACSE, LLC  |  |   |  |                     |                         |  |
|----------------|---------------------------------|--|---|--|---|--|---------------------|-------------------------|--|
| 2.             | (a)                             | a) 301 E. Las Olas Bivd.   |   | (b) 301 E. Las Olas Blvd.                |   |  |                     |                         |  |
|                | ()                              | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |                     |                         |  |
|                |                                 | Fort Lauderdale  | FL 33301  |  | Fort Laud   | derdale, FL 33301  | •                   |                         |  |
|                |                                 | 09/18/2006   |   |  | L0600009  | 1598   |                     |                         |  |
| 3.             |                                 | Date of filing/registration in   | n Florida   | 4.                                       |   | Document number  |                     |                         |  |
| _              | (a)                             | Esposito, Robert   |   |  |   |  |                     |                         |  |
| 5.             | (a)                             | Registered Agent and Registered Office sho   | wn on the records of  | the Florida l                            | Dept. of State  | !  |                     |                         |  |
|                |                                 |  |   |  | •   |  |                     |                         |  |
|                |                                 | 301 E. Las Olas Blvd.  | TODID A STREET  | 4 D D D E C C )                          |   |  |                     |                         |  |
|                |                                 | Registered Office Address (MUST BE F   | LORIDA STREET   | <u>IDDKESS)</u>                          |   |  |                     |                         |  |
|                |                                 |  |   |  |   | ·  |                     |                         |  |
|                |                                 | Fort Lauderdale  | , FL  | 33301                                    |   | ALL.   | 16                  |                         |  |
|                |                                 |  |   |  |   | <u> </u>   | JAN                 | # 1 T                   |  |
|                | (b) Corporation Service Company |  |   |  |   | . 3E   | · 12                | gassylva<br>Superior    |  |
|                |                                 | Enter name of <u>NEW Registered Agent</u> and  | or <u>NEW Registered</u>                                      | Office add                               | ress:   | SEI  | 6                   |                         |  |
|                |                                 |  |   |  |   | <u> </u>   |                     |                         |  |
|                |                                 | 1201 Hays Street   |   |  |   |  | ထဲ့                 | January<br>Maryan       |  |
|                |                                 | NEW Registered Office Address:   |   |  |   | LORIDA   | .6                  |                         |  |
|                |                                 | Tallahassee  | . FI  | , 32301                                  |   |  |                     |                         |  |
|                |                                 |  |   |  |   | -  |                     |                         |  |
| th<br>ag<br>wa | e cha<br>ent v<br>as/w          | imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating | street address of<br>Florida limited li-<br>of the members of | the regist<br>ability cor<br>of the limi | ered office<br>npany, it is<br>ted liability                                  | e and the business offices<br>s hereby confirmed that<br>y company or as other | e of that<br>the ch | e registered<br>ange(s) |  |
|                |                                 | 006 -  |   | Dona                                     | Priebe, A   | uthorized Person   | •                   |                         |  |
|                | _                               | ture of a member or authorized representative  |   |  |   | Printed or typed name of s   | Ū                   |                         |  |
| pr<br>th<br>to | ovisi<br>e obi<br>mer           | by accept the appointment as register ons of all statutes relative to the projections of my position as registered ly reflect a change in the registered in writing of this change.            | ner and complete  | nertormo                                 | nce of my i   | duties, and Lam tamili   | ar with             | and accept              |  |
| Ç              | ionati                          | re of Registered Agent Corporation Ser   | Kubi  | RV: Gr                                   | ace E Kir   | rby, Assistant Vice P  | reside              | nt                      |  |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00