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ALLAHASSEE, FLORIDA

NOV 1 9 2018 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: October 31, 2018

Order#: 458906/019

Re: SLC MANAGEMENT & SUPPORT SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Logan Hall c/o Corporation Service Company 251 Little Falls Drive 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

160 -2 AH

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.

l.	Name of the limited liability company: SLC MANAGEMENT & SUPPORT SERVICES, LLC					
2.	(a)	6450 NW 5TH WAY		6450 NW 5TH WAY		
	. , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	_	ddress of limited liability company: MAY BE POST OFFICE BOX)	
		FT. LAUDERDALE, FL 33309		FT. LAUDERDAL	_E, FL 33309	
		02/22/2007	_	L07000020363		
3.		Date of filing/registration in Florida	4.	Docum	ent number	
5.	(a)	MOSKOWITZ, MICHAEL W, ESQ MOSKOWITZ, MANDELL, SALIM	4 & SIMOW	ITZ, P.A.		
		Registered Agent and Registered Office shown on the records of the Florida Dept, of State:				
		800 CORPORATE DR - STE 500			_	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		18 AL	
					LANG WOV	
		FT LAUDERDALE FL	33334		· · · · · · · · · · · · · · · · · · ·	
		, 1 5	_00004		ILED -2 AH SSEE,FE	
	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	ess:	ED 8: 17	
		1201 Hays Street			•	
		NEW Registered Office Address:				
		Tallahassee .FL_	32301			
the age	chai ent w .s/we	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the operating agreement of the liable o	he registe pility con the limit imited lia	ered office and the npany, it is hereby ed liability compa bility company.	business office of the registered confirmed that the change(s) ny or as otherwise provided in	
	Signan	are of a member or authorized representative of a member	Jill Cilmi, Authorized Person Printed or typed name of signee			
pre the to no	ovisio obli mere tifical	v accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete peations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change	erformai for in Cl ereby con	nce of my duties, a napter 605, F.S. O firm that the limit	further agree to comply with the nd I am familiar with and accept Or, if this document is being filed ed liability company has been sistant Vice President	