

6/29/2021



Division of Corporations **Electronic Filing Cover Sheet**

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To: 18506176383 Page: 3 of 3 2021-06-29 08:42:17 CST 12122023573 From: Kimberly Laughrey

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:	MBER,	FIFC			
2.	(a)	3301 Benson Drive, Suite 601	(b) 3301 Bens	on Drive, Suite 601		
	("2",	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Raleigh, NC 27609	_	Raleigh, N	C 27609		
		10/19/2009		L090001005	580		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	DANIEL DIAKEL					
	(4)	Registered Agent and Registered Office shown on the records of ONE INDEPENDENT DRIVE, SUITE 2301	- e: -				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		JACKSONVILLE , FL	32202-	5059	-	SEC DIVISIO 21 J	
	(b)	C T Corporation System				Ş	茅 產
		Enter name of NEW Registered Agent and/or NEW Registered	Officea	ddress:	-	29 AMII: 35	riled ARY of State F Corporations
		NEW Registered Office Address:			-	 بي	TAT ATI
		1200 South Pine Island Road				Oi.	SKO E
		Plantation, FL	33324		-		ŭ,
the ago wa	cha ent w s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the reg ability of the li	sistered office company, it is mited liabilit	e and the business offices s hereby confirmed that y company or as other	ce of the i it the char	registered rec(s)
		<u> </u>	Mi	ndy Gilbert, S			
	-	ute of a member or authorized representative of a member			Printed or typed name of	_	
prothe to to not By:	visi obl mere tifiec	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is CT Corporation System The of Registered Agent Kimberly Bowens, Asst. Secret	perfor d for in hereby	ct in this cap mance of my Chapter 60, confirm that	acity. I further agree i duties, and I am famili 5, F.S. Or, if this docu the limited liability co	to comply ar with a ment is he mpany ha	with the nd accept ing filed s been