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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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SECRETARY OF STATE

S. HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: July 19, 2016

Order#: 209258/001

Re: MFM WINTER PARK, 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:Tecora Bell

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: MFM WINTER	PARK, LI	LC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		WINTER PARK FL 32789					
		12/04/2009		L0900011	5780		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	: :		
1200 SOUTH PINE ISLAND ROAD							
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>)</u>	•		
		PLANTATON ,FL	33324		TALL		
		•					
	(b)	· · · · · · · · · · · · · · · · · · ·					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	iress:			
		1201 Hays Street			FOF SIAIL		
		NEW Registered Office Address:			RIOA 17		
		Tallahassee FI	32301		•		
the age	char ent w s/we	mited liability company is not organized under the lawnge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited live anthorized by an affirmative vote of the members of the operating agreement of the	ws of the the regis ability co of the lim limited l	stered office impany, it is ited liability iability com	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.		
_	Signat	ure of a member or authorized representative of a member	3111 C	ziirii, Auti10i	rized Person Printed or typed name of signee		
pre the to no	I hereby occapi 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 605, 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 Corporation Service Company BY: Grace E. Kirby, Asst. Vice President						