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| · (Bus | iness Entity Nar | ne) | | | |
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| Certified Copies | Certificates | of Status | | | |
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| Special Instructions to F | ilina Officer: | | | | |
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Office Use Only



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J. LEGGETT APR 0 4 2018

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 | ame of the limited liability company: OLD 98, LLC | | | | | |
|--|--|---|--|--|--|--|
| 2. (a) | 200 W. Jackson St. Suite 200 | (b) | POST OFFICE BOX 1260 | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | JACKSON, MS 39157 | | Ridgeland, MS 39158 | | | |
| | 03/11/2011 | | L11000030505 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | COGENCY GLOBAL INC. | | | | | |
| , , | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | 115 NORTH CALHOUN ST SUITE 4 | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | 18 ES | | | |
| | | | | | | |
| | TALLAHASSEE , FL | 32301 | W To | | | |
| (L) | Corporation Service Company | | | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office add | ress: | | | |
| | 1201 Hays Street | | ₩ | | | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | Tallahassee , FL | 32301 | | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the regist ability cor of the limi | ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in | | | |
| | ture of a member or authorized representative of a member | Jill C | ilmi, Vice President | | | |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee | | | |
| provisi the obl to mer notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change. | eee to act performa d for in C hereby co | in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been | | | |
| Signatu | re of Registered Agent Corporation Service Company | BY: Gr | ace E. Kirby, Assistant Vice President | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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| (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | Mailing address of | f limited liability company: E POST OFFICE BOX) |
| | JACKSON, MS 39157 | | Ridgeland, MS 39158 | |
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| | 115 NORTH CALHOUN ST SUITE 4 | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | 18 APR | |
| - | TALLAHASSEE , FL | 32301 | | HR 3 MI2:54 |
| (b | Corporation Service Company | | | M 12:54 |
| ` | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | |
| | 1201 Hays Street | | | |
| | NEW Registered Office Address: | | | |
| | | | | |
| | Tallahassee , FL | 32301 | | |
| the cl agent was/v the a | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regist ability core of the limit limited lia | ered office and the busin npany, it is hereby confir ted liability company or a ability company. | ess office of the registered med that the change(s) |
| Sign | nature of a member or authorized representative of a member | JIII CI | ilmi, Vice President Printed or typed | name of signee |
| I her provi the o to me notifi | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change. There of Registered Agent Corporation Service Company | performa d for in Ci hereby con | in this capacity. I further | agree to comply with the maniliar with and accept is document is being filed bility company has been |