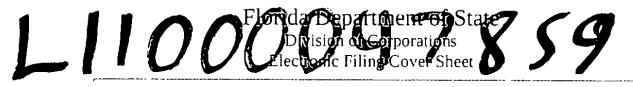
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	 		

## LLC REGISTERED AGENT CHANGE ROGER S. WILLIAMS LLC

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Page Count	02
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## 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:	MS LLC						
2. (a	3)	<u>.</u>	()	o)					
•	•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>-</del>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	04/21/2011		L11000047859						
3.		Date of filing/registration in Florida	4.		Document number				
5. (a)		WILLIAMS, ROGER S	_						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
		13691 LITTLE HAHBOR COURT							
		Registered Office Address [MUST BE FLORIDA STREET AI							
		JACKSONVILLE, FL. 3	32225		-				
a	o)	Northwest Registered Agent LLC			•				
(*	,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	·				
		7901 4th St N	<u>:-</u>						
NEW Registered Office Address:									
		St. Petersburg, FL	33702		-				
the c agen was/	ha: t w we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of these of organization or the operating agreement of the li	s of the he regi: bility co the lin	stered office impany, it is ited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in				
	<u>Y</u>	are of a member or authorized representative of a member	Nat	Smith					
-					Printed or typed name of signee				
prov the c to m	isio bli ere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  Taylor Newman - Assistant Sec	erform for in ( ereby co	in this cape ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been				
Sign	aunr	e of Registered Agent	J. C. (4) J						