L11000120594

(Re	equestor's Name)					
(Ac	ldress)					
(Ac	idress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
.>	Office Use On	dv				



500265175115

10/09/14--01027--006 **35.00

OCT 1 7 2014



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

• From: Chelsey Martine cmartin0@cscinfo.com

Date: September 16, 2014

Order#: 285756/010

Re: MAHS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35...

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:Chelsey Martine 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. 1	Name of the limited liability company: MAHS, LLC					
2. (a)	_ (b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	•	
	835 17th Street, Suite 106	_	1545 Sm	nugglers Cove		
	Vero Beach, FL 32960		Vero Be	each, FL 32963		
•	10/21/2011		L110001			
3	Date of filing/registration in Florida	4.		Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Sta	ite:		
	Martha Ann Sloan		_	14	Z S	
	Registered Office Address (MUST BE FLORIDA STREET A		OCT	LC A		
	1545 Smuggiers Cove				<u></u> 4	EE A
	Vero Beach, FL_	32963		_	9 PM	RY OSSEE
(ł	Corporation Service Company				M 4: 00	.F.C0
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>lress</u> :		00	RIDA TE
	1201 Hays Street			_		
	NEW Registered Office Address:					
				_		
	Tallahassee, FL	32301		_		
the cagen was/ the a	change or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization of the operating agreement of the member of a member or authorized representative of a member	the regisability confithe limited l	stered office ompany, it ited liabilities iability co	ce and the business of is hereby confirmed thity company or as other	fice of the carwise p	he registered change(s)
I he prov the c to m notig	reby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bibligations of my position as registered agent as provided erely reflect a change in the registered office address, I have a writing of this change. The distribution of this change.	perjorm d for in C hereby co	ance of my Chapter 6U Onfirm tha	pacity. I further agree y duties, and I am fam 05, F.S. Or, if this doc at the limited liability c eppet, Assistant Vice	mar wn cument i, company	n and accept s being filed has been

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00