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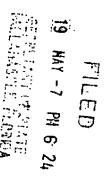
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O SIMMONS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: May 3, 2019

Order#: 738531/005

Re: MAYCOWBOY, 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:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive 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.

l. í	Name of the limited liability company: MAYCOWBOY	, LLC
2. (a) 401 E Jackson St Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 401 E Jackson St Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 3300	Suite 3300
	Tampa, FL 33602	Tampa, FL 33602
	03/12/2012	L12000034934
3.	Date of filing/registration in Florida	4. Document number
5. (a	i) BAND, GREGORY S	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	ONE SOUTH SCHOOL AVENUE	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS]
	SUITE 500	
	SARASOTA , FI	,34237
(h) Corporation Service Company	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:
	1201 Hays Street	
	NEW Registered Office Address:	
		6 24 6 24
	Tallahassee, FI_	32301
the cl agent was/v	nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Jill Cilmi, Authorized Person
Sign	nature of a tuemher or authorized representative of a member	Printed or typed name of signee
provi the oi to me notifi	tely accept the appointment as registered agent and agrees sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change. Ture of Registered Agent Corporation Service Company	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept a for in Chapter 605, F.S. Or. if this document is being filed hereby confirm that the limited liability company has been By: Grace E. Kirby, Asst. Vice President