## 42000056208

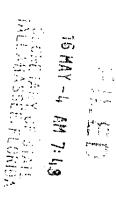
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(Address)					
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(Cit	y/State/Zip/Phone #	)			
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MAY 05 2016 J SHIVERS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 3, 2016

Order#: 105347/102

Re: MOONSTONE LIEN INVESTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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.

l. Na	ime of the limited liability	company: MOONSTONE	LIEN INVESTI	MENTS, LLC
2. (a)	·-	STE. 900 of limited liability company: ESTREET ADDRESS	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	DALLAS	T> 75254		
	04/25/2012		L12	000056208
3.	Date of filing/reg	istration in Florida	4.	Document number
5. (a)	C T CORPORATION S	YSTEM		
()		d Office shown on the records of	the Florida Dept.	of State:
	1200 SOUTH PINE ISLA	ND ROAD		
		MUST BE FLORIDA STREET	ADDRESS)	maning a
				2
	PLANTATION	, FI	33324	
(b)	Corporation Service Com	·		
	Enter name of NEW Registered	l Agent and/or NEW Registered	l Office address:	The same of the sa
				22 F
	1201 Hays Street			
	NEW Registered Office Addres	SS:		
		-		
	Tallahassee	, FL	32301	
the cha agent v was/we the arti	nge or changes are made, the vill be identical. Or, in the	he Florida street address of case of a Florida limited li ative vote of the members of operating agreement of the	f the registered ability compan of the limited li limited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in by company.  Authorized Person  Printed or typed name of signee
_		•	ree to act in thi	71 5
<u>. J.</u>	Mace L. No.	U()		is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been
Signatu	re of Registered Agent Corpora	•		E. Kirby, Assistant Vice President