

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES COA
Account Number : 120160000009
Phone : (770) 777-2091
Fax Number : (770) 250-1943

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

Email Address: jbaden@triadpros.com

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LLC REGISTERED AGENT CHANGE
M.L. ACQUISITION, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 04 2016
S. YOUNG

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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 605.011-4 or 605.011-6, 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. Name of the limited liability company: M.L. ACQUISITION, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
201 SEVILLA AVENUE, SUITE 209
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
766 N. SUN DR, SUITE 2030
LAKE MARY, FL 32746

3. 4/27/2012 Date of filing/registration in Florida

4. L12000057273 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ORMOND, GREGG J
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
201 SEVILLA AVENUE, Suite 209
CORAL GABLES, FL 33134, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Michael Jenkins
NEW Registered Office Address:
766 N. SUN DR, SUITE 2030
LAKE MARY, FL 32746

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Sam Merchant

Signature of a member or authorized representative of a member

Sam Merchant

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: /s/Michael Jenkins

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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INHS18 (2/14)