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|---|---|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | _ | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes

anthony.holmes@cscglobal.com

Date: April 24, 2015

Order#: 588918/005

Re: MATSON, DRISCOLL & DAMICO, 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: Anthony Holmes

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. N | ame of the limited liability company: MATSON, DR | RISCOLL & DAM | ICO, LLC |
|---------------------------|--|---|--|
| 2. (a) | | (b) | |
| · () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 2500 WESTON ROAD, STE. 105 | | |
| | Weston, FL 33331 | | |
| | 4/10/2013 | L13 | 000052888 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| | Registered Agent and Registered Office shown on the records of | of the Florida Dept. | of State: |
| | Wilson, Thomas | | |
| | Registered Office Address (MUST BE FLORIDA STREE) | T ADDRESS) | |
| | 200 Colonial Center Parkway, Ste. 320 | | 2815 |
| | Lake Mary , F | FL 32746 | THE APR 28 PM 3: 10 |
| | | | 28 |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered | —— P. Prince | |
| | | , | ૡ કુ |
| | 1201 Hays Street | | 70 |
| | NEW Registered Office Address: | | |
| | | | |
| | Tallahassee , F | FL_32301 | |
| the ch agent was/w | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | of the registered liability compan s of the limited li | office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in |
| | arcelo Fazio | Marcelo F | azio, Authorized Person |
| _ | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to me | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet ligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change. | gree to act in thi te performance o ded for in Chapto I hereby confirm | 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 |
| Signat | ure of Registered Agent Corporation Service Company | BY:Grace E | E. Kirby, Assistant Vice President |