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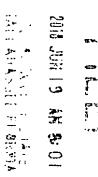
(Red	questor's Name)								
(Address)									
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PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
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Certified Copies	_ Certificate	s of Status							
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De.19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: June 14, 2018

Order#: 247206/006

Re: MULLIGAN FLYERS, 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:Anthony Arthur 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.

1.	Na	me of the limited liability company: MULLIGAN FLY	ERS, LL	<u> </u>				
2.	(a)	One Ajax Drive	(b)	One Aja	x Drive			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
			<u></u>					
		North Venice, FL 34275	- -	North Ver	nice, FL 34275			
		04/10/2013		L13000053	3054			
3.		Date of filing/registration in Florida	4.	J	Document num	ıber		
5.	(a)	HORAN, MICHAEL A						
(-/	` '	Registered Agent and Registered Office shown on the records of the	ne Florida l	Dept. of State:	•			
		ONE AJAX DRIVE						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
		North Venice , FL_	34275				2018	
(b)	(b)	Corporation Service Company				100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ Jb8	t .
(-)		Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:				marie, e men
						771	ن ئ	3 3-2-
		1201 Hays Street				• •	ir.	(***
		NEW Registered Office Address:					<u>ල</u>	•.;
								
		Tallahassee, FL_	32301					
the age was	cha: nt w /we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of the operating agreement of the li	he regist bility con the limit	ered office a npany, it is sed liability	and the busines hereby confirm company or as	ss offic ned that	e of th the cl	e registered nange(s)
		/S/ Jill Cilmi	Jill Ci	lmi, Authori	ized Person			
Si	gnati	ure of a member or authorized representative of a member			Printed or typed na	ame of si	gnee	
pro the to n	visie obli iere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act i performat for in Cl preby con	n this capac ice of my di iapter 605, ifirm that th	city. I further o uties, and I am F.S. Or, if this he limited liabil	agree ta familia k docun lity con	o comp ir with ient is ipany	oly with the and accept being filed has been
Sig	atur	e of Registered Agent Corporation Service Company	BY: Gra	ice E. Kirb	oy, Assistant V	Vice Pr	esider	nt