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| (Requestor's Name) | | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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APR 10 2017 S. YOUNG



\cdot COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|-----------------------------------|--------------------------------------|--|--|--|
| McConnell Capital, LLC | | | | | |
| | Name of Limited Liability Company | | | | |
| Dear Sir or Madam: | | | | | |
| | | | | | |
| The enclosed Registered Agent/Registered Off | ice Change and | d fce(s) are submitted for filing. | | | |
| Please return all correspondence concerning th | is matter to the | e following: | | | |
| Bradley W. Rossway | | | | | |
| Name of Person | · | | | | |
| Rossway Swan Tierney Barry Lacey & | Oliver, P.L. | | | | |
| Firm/Company | | | | | |
| 2101 Indian River Blvd., Suite 200 | | • | | | |
| Address | | | | | |
| Vero Beach, FL 32960 | | | | | |
| City/State and Zip Code | | | | | |
| brossway@rosswayswan.com | | | | | |
| E-mail address: (to be used for future ann | ual report noti | fication) | | | |
| For further information concerning this matter, | please call: | | | | |
| Bradley W. Rossway | 772 at (| 231-4440 | | | |
| Name of Person | _ " (| Area Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: | М | AILING ADDRESS: | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| Clifton Building | P.O. Box 6327 | | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | | |
| Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following | amount: | | | | |
| ☑ \$25 Filing Fce | □ \$ | 55 Filing Fee & Certified Copy | | | |

INHS18 (2/14)

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 | ame of the limited liability company: McConnell Ca | pital, LLC | |
|--|---|---|--|
| 2. (a) | 8703 Bay Hill Boulevard | _(b) 8703 Ba | ay Hill Boulevard |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ \ / | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Orlando, FL 32819 | Orlando, | , FL 32819 |
| | 05/14/2014 | L1400007 | 77948 |
| i. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Fisher, Tousey, Leas & Ball | | |
| . (u) | Registered Agent and Registered Office shown on the records of the 818 North A1A | ne Florida Dept. of State | - Z |
| | Registered Office Address (MUST BE FLORIDA STREET A. Suite 104 | <u>DDRESS)</u> | APR 17 |
| | Ponte Vedra Beach | 32082 | 5 8 |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> ATTN: Bradley W. Rossway | Office address: | PH 2: 44 |
| | NEW Registered Office Address: | | - |
| | 2101 Indian River Blvd., Suite 200 | · · · · · · · · · · · · · · · · · · · | - |
| | Vero Beach , FL | 32960 | _ |
| he cha igent v vas/wo | imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative one of the members of teles of organization or the operating agreement of the l | the registered office bility company, it is the limited liability | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provisi he obl o mere potifie | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | ee to act in this cape performance of my for in Chapter 605 ereby confirm that | acity. I further agree to comply with the duties, and I am familiar with and accep i, F.S. Or, if this document is being filed the limited liability company has been |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00