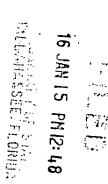
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(Re	equestor's Name)	
(Ac	idress)	
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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: MYO	CORTEX, LLC			
Name of Limited Liability Company				
Dear Sir or Madam				
The enclosed Regis	tered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all con	respondence concerning this matter	to the following:		
RICHARD MON	TES DE OCA			
	Name of Person			
MDO PARTNEF	S			
	Firm/Company			
175 SW 7TH ST	REET, SUITE 1900			
	Address			
MIAMI, FL 3313	0			
	City/State and Zip Code			
rmontes@mdop	artners.com			
E-mail addres	s: (to be used for future annual repo	rt notification)		
For further informa	tion concerning this matter, please of	all:		
RICHARD MON	TES DE OCA at (305 704-8452		
Na	me of Person	Area Code & Daytime Telephone Number		
Registration Division of Clifton Bui 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is	a check for the following amoun	t:		
☑ \$25 Filir	ig Fee	□ \$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

. (a)	111 SW 3RD STREET, 5TH FLOOR Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33130	(b)	Mailing address of limited liability company:
. (47)	(Note: MUST BE STREET ADDRESS)	(5)	Mailing address of limited liability company:
	MIAMI, FL 33130		(Note: MAY BE POST OFFICE BOX)
			MIAMI, FL 33130
	7/24/2014		_14000117106
	Date of filing/registration in Florida	4.	Document number
. (a)	MDO CORPORATE SERVICES LLC		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	175 SW 7TH STREET, SUITE 1900		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	1
	MIAMI , FL	33130	
(b)	COURTNEY PAIGE ALVAREZ		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:
	111 SW 3RD STREET, 5TH FLOOR		≥ ≥
	NEW Registered Office Address:		16 14
	Market 1980 - 19		
	MIAMI , FL	33130	PR PR
ne cha gent v vas/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the regis ability co of the limited li	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a number		Printed or typed name of signee
here rovisi he obj	by accept the appointment as registered spent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to act performa d for in C hereby co	in this capacity. I further agree to comply with th ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file and that the limited liability company has been

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