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Florida Department of State

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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 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered effice or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: MCSS 36th, LL	.C			·	
2	(a)		_ (b)		Mailing addicss of limited l		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· · · · · · · · · · · · · · · · · · ·	Mailing addicss of limited I (<u>Nota: MAY BE POST</u>		
		February 18, 2015	_		00030186		<u> </u>
3.		Date of tiling/registration in Florida	. <u> </u>		Document number		
		United States Registered Agents, Inc.					
5. (a)	(8)	Registered Agent and Registered Office shown on the records of the	he Plotida	Jept. of Stat	e:		
		Registered Office Address <u>GNUST BE FLORIDA STREET A</u> 420 S. Dixie Highway, Suite 4B	DDRESS)		_		
		Coral Gables, PL	33146		_		
	41					18	IS SI
	(0)	Enter name of NEW Registered Agent and/or NEW Registered !	Office add	ress:	-	JAN 1	CRUTAL
		NEW Registered Office Address:			_	6 PM	CORRE
		9300 S. Dadeland Blvd, Suite 600			_	က်	ORA.
		Miami , FL	33156_		_	ယ စာ	110N:
the age	cha ent v	imited liability company is not organized under the law- inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of the operating agreement of the	the regist bility con f the limi limited li	tered offic mpany, it i ted liabilit	e and the business off: is hereby confirmed the ty company or as other npany.	ice of the regis at the change(s	tered s)
_,		ture of a member or authorized representative of a member	- Ker	iem H. I	Printed or typed name of	Sinner	
I in prototo to no	here ovisi obl mer tifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act performa t for in C tereby co	in this cap ince of my hapter 60 nfirm that			h the ccupi filed en

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