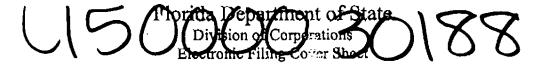
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им 2 ± 20:3 J. HABRRIS

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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 office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: MCSS 79TH,	LLC 52.		·····		
 (a) (a) (a) 		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of Binited liability company: (Yote: MAY BE POST OFFICE BOX)				
		February 18, 2015 Date of filing/registration in Florida United States Registered Agents, Inc. Registered Agent and Registered Office shown on the records of	L15000030188 4. Document number				
		Registered Office Address AMINST BE FLORIDA STREET. 420 S. Dixle Highway, Suite 4B	ADDRESS)		- - -		ومعل المقادة
((b)		33146 c	,	HASSEE	** ** ** ** ** **	
		Enter name of NEW Registered Agent and/or NEW Registered	Office advess		FLGN0.*	AM 5: 08	gran j
		NRW Registered Office Address: 9300 S. Dadeland Blvd, Suite 600			_		
		Miami, FL	33156		_		
the age	cha n: v s/we	imited 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 fimited limited by an affirmative vote of the members of the organization or the operating agreement of the	f the registere ability comp of the limited	ed office any, it i Hiabilit lity con	e and the business offic s hereby confirmed tha y company or as other npany.	e of the	registered
<u> </u>	10.1	ure of a member or authorized representative of a member	Kenne	UI M. P	Printed or typed name of	ignee	
I h pro the to t not	erci ovisi obli nerc ifiec	by accept the appointment as registered agent and agens ons of all statistes relative to the proper and complete igations of my position as registered agent as provide the profession of the registered office address. It in writing of this change.	ree to act in to performance for in Cha hereby confi	this cap e of my oter 60: rm that	- · ·	-	ly with the and accept being filed as been
Sig	រោងវាធ	re of Registered Agent	11.1 11.1	. `	Dr. Anne.		

Division of Corporations. P.O. Box 6327. Tallahassee, FL 32314 FILING FEE: \$25.