L150006041

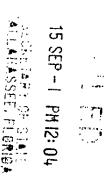
Requestor's Name)							
(Address)							
(Address)							
City/State/Zip/Phone #)							
WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



500276427225

500276427225 09/01/15--01020--007 **25.00



SEP 0 4 2015 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker christopher.masker@cscglobal.com

Date: August 28, 2015

Order#: 765067/006

Re: MOHAWK INVESTMENTS 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:Christopher Masker c/o Corporation Service Company 2711 Centerville Road, Suite 400 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.

١.	Na	me of the limited liability company:	MOHAWK INVE	STMENTS	LLC	
2	(a)	980 NORTH FEDERAL HIGHWAY	SUITE 315	(b) _		
	(α).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)_	Mailing address of	Timited liability company: E POST OFFICE BOX)
		BOCA RATON	FL 33432			
		04/06/2015			15000060041	
3.		Date of filing/registration in	r Florida	4.	Document nui	mber
5.	(a)	ESPINAL LUIS				
	()	Registered Agent and Registered Office sho	wn on the records of t	he Florida De	ept. of State:	
		308 NW 11TH AVENUE				*: ज
		Registered Office Address (MUST BE F	LORIDA STREET A	(DDRESS)		SEP -
		BOCA RATON	, FL	33486		PH 12: 04
	(b)	Corporation Service Company				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>				ss:	ŒI:
		NEW Registered Office Address:				
		- A14				
		Tallahassee	, FL	32301		
th ag wa	e cha ent v as/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a creathorized by an affire and the cles of organization of the operating	a street address of Florida limited lia of the members o	the registe ability com of the limite	red office and the busin pany, it is hereby confir ed liability company or a	ness office of the registered rmed that the change(s)
		1100		Dona	Priebe, Authorized Pers	
	_	ure thember or authorized representative			Printed or typed	-
pr th to no	ovisi e obl vere vijied	by accept the appointment as register ons of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. Pof Registered Agent Corporation Scr	per and complete agent as provided office address, 1)	performan d for in Ch hereby con,	this capacity. I further ce of my duties, and I a apter 605, F.S. Or, if th firm that the limited liad via Queppet, Asst. Via	m familiar with and accept his document is being filed bility company has been

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

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.

2. (a)	980 NORTH FEDERAL HIGHWAY SUITE 315 Principal office address of limited liability company:		(b)	Mailing address of	limited liability company:
	(Note: MUST BE STREET				E POST OFFICE BOX)
	BOCA RATON	FL 33432			
	04/06/2015		L15	5000060041	
3.	Date of filing/registration	in Florida	4.	Document nur	nber
5. (a)					
-	Registered Agent and Registered Office sh	own on the records o	f the Florida Dept	. of State:	
	308 NW 11TH AVENUE				
	Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS)		
					≱ 55
	BOCA RATON	, F	L 33486		A SE
(b)			SSEE OF P		
	Enter name of NEW Registered Agent an	d/or <u>NEW Registere</u>	d Office address:		PH IZ: 0
	1201 Hays Street				
	NEW Registered Office Address:				
	Talled				
	Tallahassee	, F	L_32301		
the cha agent was/w	imited liability company is not orgation or changes are made, the Florid will be identical. Or, in the case of the earth of the case of th	la street address on Florida limited e of the members	of the registered liability companion of the limited	d office and the busing my, it is hereby confir liability company or a	ess office of the registere med that the change(s)
	()-3		Dona Pri	iebe, Authorized Pers	
-	ture a member or authorized representati			Printed or typed	<i>5</i>
I here provis the ob	by accept the appointment as regist ions of all statutes relative to the pr ligations of my position as registere elv reflect a change in the registere d in writing of this change.	ered agent and ag oper and complet d avent as provid	gree to act in the le performance led för in Chap	his capacity. I further of my duties, and I ar ter 605, F.S. Or, if th	agree to comply with the n familiar with and acception is document is being filed

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