L15000074457

| (Rec | questor's Name) | ····· | | | |
|---|-------------------|-------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bus | siness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | | | | | |
| , | · | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



900330178169

06/10/19--01032--025 **25.00

19 JUL 10 RM 1:3

JUN 2 2 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 6, 2019

Order#: 793627/025

Re: MIDAS SOUTHEAST, 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:Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

| 1. | Na | me of the limited liability company: MIDAS SOUTHE | AST, LL | C. | |
|--|------------------------|---|--------------------------------------|--|---|
| 2. | (a) | 1530 53rd Street | (b) | 6586 Hypolu | xo Road, PMB 363 |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS) | _ (*) | Mailing | address of limited liability company: (: MAY BE POST OFFICE BOX) |
| | | West Palm Beach, FL 33407 | _ | Lake Worth, Fl | _ 33467 |
| | | 04/13/2015 | | L15000074457 | |
| 3. | | Date of filing/registration in Florida | 4. | Docu | ment number |
| 5. | (a) | Cogency Global Inc. | | | |
| | (u) | Registered Agent and Registered Office shown on the records of th | e Florida | Dept. of State: | |
| | | 115 North Calhoun Street, Suite 4 | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| <u></u> | | | | | |
| | | | | <u></u> _ | 三 三 三 三 三 三 |
| | | Tallahassee .FI. | 32301 | | 7.55 |
| | | | | | |
| | (b) | Corporation Service Company | | | 그 그 그 그 |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office add | ress: | ; |
| | | | | | ្រស់ |
| | | 1201 Hays Street | | | |
| | | NEW Registered Office Address: | | | |
| | | | | | |
| | | Tallahassee .FL | 32301 | | |
| the age wa | chai ent w s/we | mited liability company is not organized under the lawsinge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability that it is authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he regist pility cor the limit | ered office and t npany, it is heret ted liability com | he business office of the registered by confirmed that the change(s) pany or as otherwise provided in |
| _/s | s/ Pi | erre-Luc Chicoine | Pierre | e-Luc Chicoine, / | Authorized Person |
| S | ignat | ure of a member or authorized representative of a member | | Printe | d or typed name of signee |
| pro the to i | ovisie Obli mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I he is writing of this change. | erforma. | nce of my duties. | and I am familiar with and accept |
| Sig | natur | e of Registered Agent Corporation Service Company | BY: An | ni M. Casper. A | Asst. Vice President |