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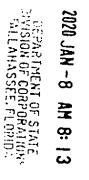
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special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

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FEB 0 6 2020 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: Anthony Arthur anthony.arthur@cscglobal.com

Date: January 6, 2020

Order#: 117582/006

Re: MATHERS 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:Anthony Arthur 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: MATHERS LLC			
2. (a)	69 E. Pine Street	(b)	(b) 1026 W Central Blvd	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		ORLANDO, FL 32801	_	ORLANDO, FL 32805	
		06/02/2015	_	L15000096631	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	NISHAD KHAN, P.L.			
	` ′	Registered Agent and Registered Office shown on the records of th	e Florida	da Dept. of State:	
		617 E. COLONIAL DR.			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
				2022	
		ORLANDO, FL_	32803	2020 JAN DEPARTI	<u>i</u>
((b) Corporation Service Company			RTHENT OF CORF	q N
2. (a) 3. 3. 5. (a) (b) If the lithe change to was/withe art Signa I here provis. the obtate motifie		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice add	ddress:	
		1201 Hays Street		변호터 3	
		NEW Registered Office Address:			
		Tallahassee , FL_	32301	<u>1</u>	
the o ager was	cha it w /we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles programization or the operating agreement of the li	he regist pility cor the limi	distered office and the business office of the register company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in	
		Xie & agni	Jill C	Cilmi, Authorized Person	
Šiį	gnat	ure of a member or authorized representative of a member		Printed or typed name of signee	_
prov the o to m	usie obli ere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act . performa for in C. preby co.	I in this capacity. I further agree to comply with t nance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fil confirm that the limited liability company has been	he ept ed
Śia-	nt	Drace C. Kuby	DV C		
ergn	atur	e of Registered Agent Corporation Service Company	RA: Ot	Grace E. Kirby, Assistant Vice President	

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