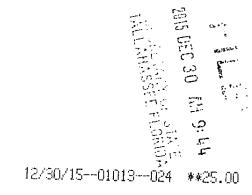
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(Re	questor's Name)	.		
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL		
(Bu	siness Entity Nar	ne)		
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DEPARTMENT OF STATE
15 DEC 30 PM 3: 55

DEC 3 1 2014 J. HARRIS

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: MIMP2, LLC	MIMP2, LLC			
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	fice Change and f	ec(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the fe	ollowing:		
Connie Shivers				
Name of Person				
Name of Ferson				
Penson Law Firm, P.A.				
Firm/Company		_		
2810 Remington Green Circle				
Address		_		
Tallahassee, FL 32308				
City/State and Zip Code		_		
chs@pendd.com				
É-mail address: (to be used for future and	nual report notific	cation)		
For further information concerning this matter	, please call:			
Connie	850	561-8000		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:			
☑ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		
INHS18 (2/14)				

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.

(a)	Principal office address of limited liability company:	(b) _	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	1624 Village Square Blvd., Suite 101	1	624 Village Square Blvd., Suite 101
	Tallahassee, FL 32309	<u></u>	allahassee, FL 32309
	June 9, 2015	L1	5000098789
	Date of filing/registration in Florida	4.	Document number
(a)	Daniel C. Withers		
(-7	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	1624 Village Square Blvd., Suite 101		
	Tallahassee . I	_{FL} 32309	
(b)	Albert C. Penson		30 A
` /	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	- i-
	2810 Remington Green Circle		E Contraction of the Contraction
	NEW Registered Office Address:		
	Tallahassee	FL 32308	
he I	imited liability company is not organized under the l	laws of the Sta	ate of Florida, it is hereby confirmed that afte
cha nt v	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp s of the limite	red office and the business office of the regist bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided
	Mr. c. F	A	Printed or typed name of signee
igna	ture of a member or authorized representative of a member		Printed or typed name of signee

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

notified in writing of this change

Signature of Registered Agent