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Office Use Only



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16 JUL 15 AM 8: 31

JUL 19 2016 S. YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez

marissa.rather-lopez@cscglobal.com

Date: July 13, 2016

Order#: 209399/005

Re: MANAGEMENT PURCHAS GROUP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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:Marissa Rather-lopez 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

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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: MANAGEMEN	IT PURCE	IAS GROU	P, LLC			
2	(a)	999 Yamato Rd	(b	າ 999 Ya	imato Rd			
-,	(-7)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Third Floor		Third Flo	oor			
		Boca Raton, FL 33431		Boca Ra	iton, FL 33431			
		07/24/2015		L150001	24276			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Your Capital Connection, Inc.			_			
	. ,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Stat	e:			
		417 E Virginia St #1						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				16	SE	
					_		CRE LAF	
	(b)	Tallahassee	L 32301			<u> </u>	N S S	
		7 - 1			_		25 A	
		Corporation Service Company			_	2		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	<u>dress</u> :		ထ္	[G2] 1X	
						ૠ	Эmi Э	
		1201 Hays Street NEW Registered Office Address:			-			
		111217 Registered Office Address.			_			
					_			
		Tallahassee , F	L <u>32301</u>		-			
the ag	e cha ent v as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regi: iability co of the lim	stered office ompany, it i iited liabilit	e and the business office s hereby confirmed that to y company or as otherwi	of the re	egistered ge(s)	
/s/ David Armstrong Signature of a member or authorized representative of a member			Dav	David Armstrong, Manager Printed or typed name of signee				
I pr th to no	herel ovisi e obli mere tified	or a memoer or authorized representative of a memoer of a memoer of a memoer of a memoer of a complete of a ll statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change. The of Registered Agent Corporation Scrvice Company	e perform ed for in (hereby c	ance of my Chapter 60: Onfirm that	acity. I further agree to	comply r with an ent is bei pany has	with the ad accept ing filed a been	
~-	G	Corporation Service Company		raco L. IXI	. 0 y , 2 10 5 15 tuilt	BIGCII		

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