

Division of Corporations

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000015023 3)))



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Division of Corporations

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Account Name : 3 L HOFMANN & ASSOCIATES, P.A.

Account Number : I19990000022

Phone : (305)666-0024 Fax Number : (305)666-0028

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Empil	Address:			
CINGTI	MUU GSS.		 	

## LLC REGISTERED AGENT CHANGE MCSS PEMBROOKE PARK LLC

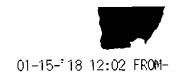
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the understand limited liability company submits the following statement in order to change its registered effice or registered agent, or both, in the State of Florida.

1. Na	ome of the limited liability company: MCSS PEMBI	ROOKE PA	ARK LLC			
2. (a)		(b)				
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	October 16, 2015		L15000176146			
3.	Date of filing/registration in Florida	4.	Document number			
5 (-)	United States Registered Agents, Inc.					
5. (a)	Registered Agent and Registered Office shown on the records of	ept. of State:				
	420 S. Dixie Highway, Suite 4B					
	Coral Gables, FL	33146				
			· · · · · · · · · · · · · · · · · · ·			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	25			
	NEW Registered Office Address:					
	9300 S. Dadeland Blvd, Suite 600		<del></del>			
	Miami, FI.	33156				
the chi agent was/w	limited liability company is not organized under the la- ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	nvs of the Sta f the register ability comp of the limited limited liab	tate of Florida, it is hereby confirmed that after red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in			
	there of a member or authorized representative of a member		Printed or typed name of signee			
	thy accept the appointment as registered agent and aying so of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I all in writing of this change.	ree to act in performanc al for in Cha hereby confi	t this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep apier 605, F.S. Or, if this document is being filed firm that the limited liability company has been			
Signati	are of Registered Agent					

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