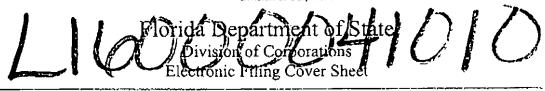
Division of Corporations

1/12/201B



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000015046 3)))



H180000150463ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ) L HOFMANN & ASSOCIATES, P.A. Account Number : I19990000022 Phone : (305)666-0024 Fax Number : (305)666-0028 S \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_

## LLC REGISTERED AGENT CHANGE MCSS VAUGHN SPONSOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

O STITIONS JIK 17 KK

## H18000015046 3

## 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.

	Principal office address of limited liability company: (Nate: MISTRESTREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)
	February 26, 2016		L16000041010
	Date of filing/registration in Florida	4,	Document number
. (a)	United States Registered Agents, Inc.		
(a)	Registered Agent and Registered Office shown on the records of	f the Florida D	Cept. of State:
	Registered Office Address (MUST RF FLORIDA STREET)	FADDRESS)	18
	420 S. Dixie Highway, Sulte 4B		
	Coral Gables , I	<sub>L</sub> 33146	
763	Enter name of NEW Registered Agent and/or NEW Registers		
(b)	A	1.060	<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addice	9. 2
(0)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addis-	9.20
(0)	Enter name of NEW Registered Agent and/or NEW Registers  NEW Registered Office Address:	ed Office addice	
(0)		ed Office adity	
(0)	NEW Registered Office Address:		
the line chi	NEW Registered Office Address: 9300 S. Dadeland Blvd, Suite 600	aws of the Si of the registe liability come of the limite te limited liability.	rate of Florida, it is hereby confirmed that after ered office and the business office of the registere upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
(the )	NEW Registered Office Address:  9300 S. Dadeland Blvd, Suite 600  Miami , Finited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	aws of the Si of the registe liability come of the limite te limited liability.	tate of Florida, it is hereby confirmed that after ered office and the business office of the registere spany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in

Division of Corporations. P.O. Box 6327. Tallahussee, FL 32314 FILING FEE: \$25.60.