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From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120190000011
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## LLC REGISTERED AGENT CHANGE MAOV CLEARWATER, 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 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.

	MAOV Clearwate					
	ame of the limited liability company:					_
2. (a)	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		(b) _	_	of limited liability company BE POST OFFICE BOX)	
	1311 N. WESTSHORE BLVD., SUITE 200		1	311 N. WESTSHORE B	BLVD., SUITE 200	
	TAMPA, FL 33607	<del>_</del>	T	AMPA, FL 33607		
	04/29/2016		Ll	6000083528		
3.	Date of filing/registration in Florida	4.	_	Document no	umber	
5. (a)						
	Registered Agent and Registered Office shown on the records of	the Flor	ida De	ept of State.	2	
	CORPORATION SERVICE COMPANY	40000			020 I	_
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	<u>ADDRE</u>	<u>:227</u>		2020 DEC 16 AM 9: 3	7
	TALLAHASSEE,, FI	32301			6 AM	u þ
(p)	Enter name of NEW Registered Agent and/or NEW Registered	J Office	addre		: 26 FL	
	End, famile of			_	7-1	
	LEGALING CORPORATE SERVICES INC.					
	NEW Registered Office Address					
	5237 SUMMERLIN COMMONS BLVD, SUITE 400					
	FORT MYERS FI	33907	,			
	, 11					
chang agent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regist ability of the l limite	ered of comp imite d liab	office and the business bany, it is hereby conf ad liability company of bility company.	irmed that the change(s	u :)
	ature of a member or authorized representative of a member	<u> </u>	11114111	us Desisto, Manager	ed name of signee	
I here provis the ob	ature of a member of authorized representative of a member selve accept the appointment as registered agent and ages on so fall statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a facility of this change.	ree to e perfor d for n hereby	act in rmane n Che conf	this sangerty I firstly	ar aarss to comulu with	the ccept filed en
Signat	ure of Registered Agent			(((H20000	0429629 3)))	