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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: December 14, 2016

Order#: 409867/004

Re: DESOTO MOULTON, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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:Janis M. Smith 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

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: _DESOTO MOUL	LTON, LI	C
2. ((a)	948 20th Street Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	40 Wall Street, 60th Floor Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Vero Beach, FL 32960		New York, NY 10005
3.		06/03/2016 Date of filing/registration in Florida	 4.	L16000108083 Document number
٥.			•••	Bocament named
5. (a)		Corporations Depot		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 240 NW Peacock Boulevard Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Dept. of State:
		Suite 102		
		Port Saint Lucie , FL	34986	
	(b)	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	A SCREET TO
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:
				SAN DE LA
		1201 Hays Street		
		NEW Registered Office Address:		TARY OF STATE ASSFE, FLORIDA
		Tallahassee , FL	32301	
th ag wa	e cha ent v as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co of the limi	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
_		Yaakov Beyman	Yaal	ov Beyman, Authorized Person
	Signa	ure of a member or authorized representative of a member		Printed or typed name of signee
pr the to no	ovisi e obl mere tifice	by accept the appointment as registered agent and agroups on sof all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to act performa d for in C hereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: Sy	lvia Queppet, Asst. Vice President