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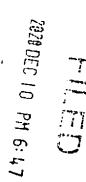
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| Certified Copies Certificates of Status | | | | | | |
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Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 8, 2020

Order#: 539226/006

Re: MSTS HOLDING, 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:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive 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.

| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b | 8650 CC | DLLEGE BLVD | | | |
|---------------------------------------|---|--|--|--|---|--|--|
| 2. (u) | Principal office address of limited liability company: | | · / | | | | |
| | | | | Mailing address o | | | |
| | OVERLAND PARK, KS 66210 | | OVERLA | AND PARK, KS | 66210 | <u></u> | |
| | 03/23/2018 | | L1800007 | 3692 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nur | mber | | |
| 5. (a | CT CORPORATION SYSTEM | | | | | | |
| J. (a | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Sta | ite: | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | D | - | | | |
| | | | | | | 21 | |
| | PLANTATION FI | 33324 | | | - | 2020 DEC 10 PM | |
| | | | | | | | niet. |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | d Office ad | dress: | _ | |) P! | : |
| | Corporation Service Company | | | | • | <u>ခဲ့</u> | |
| | NEW Registered Office Address: | | | | | 47 | |
| | 1201 Hays Street | | | | | | |
| | | | | | | | |
| | Tallahassee, FI | 32301 | | | | | |
| chang agent was/v | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the | registere ability co of the lim | ed office ar impany, it iited liabili | nd the business is hereby confir ty company or a | office of the med that the | ne regis ne chan | tered ge(s) |
| | /s/ Jason Peterson | | | л, Chief Risk O | fficer and | Secreta | ıry |
| Sign | ature of a member or authorized representative of a member | | • | Printed or typed | name of sign | iee | |
| provis the ob- to me notific | eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. | ree to act performed d for in C hereby co | in this cap ance of my Chapter 60 onfirm that | pacity. I further duties, and I ar 5, F.S. Or, if th the limited liab | agree to c n familiar is documen pility comp | comply with ar nt is be any has | with the ad accept ing filed been |

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

Signature of Registered Agent Grace E. Kirby, Asst. Vice President of Corporation Service Company