Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE MUNDER DIFFLIN, 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.

| 1. Na | une of the limited liability company: MUNI | DER DIFF | LIN, LLC |
|----------------------------|---|---|--|
| 2. (a) | Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | (b) _ | Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| | 08/15/19 | <u>L:</u> | 19000208722 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Tony Willis | | |
| . (., | Registered Agent and Registered Office shown on the rec | ords of the Florida De | ept. of State: |
| | 2633 Bay Grove Road | | |
| | Registered Office Address (MUST BE FLORIDA ST | REET ADDRESS) | |
| | Freeport | , FL 32439 | 2022 |
| (b) | Registered Agents Inc. | | POZZ HAR |
| | Enter name of NEW Registered Agent and/or NEW Reg | gistered Office addre | 29 FILE |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg | , FL_33702 | |
| the cha agent was/w | will be identical. Or, in the case of a Florida lim | lress of the register nited liability comp mbers of the limite | ered office and the business office of the registered spany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
| | 1 | | / Park |
| Signa | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to mer | by accept the appointment as registered agent a ions of all statutes relative to the proper and co- ligations of my position as registered agent as p ely reflect a change in the registered office addi d'in writing of this change. | and agree to act in implete performand provided for in Cha ress, I hereby conf | n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been |
| see 1 | | sistant Secreta | ıry |

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

Signature of Registered Agent