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.

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To:				]> (" ]> ("
	Division of Co	rporations		主義
	Fax Number	: (850)617-6383		- N
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From:				
	Account Name	: REGISTERED AGENT SC	LUTIONS INC	-n-:
	Account Number	: 120100000062		7
	Phone	: (888)705-7274		r
	Fax Number	: (888)706-7274		

Email Address:\_\_

## LLC REGISTERED AGENT CHANGE **MSER 3221 HOLDINGS LLC**

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## COVER LETTER

TO: Registration Section
Division of Corporations

BJECT: MSER 3221 HOLDINGS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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cation)
705-7274
Area Code & Daytime Telephone Number
ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
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15129570210

## 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: MSER 32		INGS LLC	
2. (a)	233 Rock Rd #242	(b) 233 I	Rock Rd #242	
~. (,	Principal office address of limited liability company.		Mailing address of limited liability	
	Glen Rock Road, NJ 07452	Glen	Rock Road, NJ	
	1/29/2020	L2000	00027374	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Blumbergexcelsior Corporate S	ervices, Inc	2	
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State	c:	
	155 Office Plaza Dr		ω	21
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	TAC TAR	122.0
	1st FL			<b>1</b>
	Tallahassee	32301	HAS Y	8 L
(b)	Registered Agent Solutions,	Inc.	11100	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	ATE	သ သ
	155 Office Plaza Dr.		_	
	NEW Registered Office Address:			
	Suite A		-	
	Tallahassee FL	32301	-	
If the li	mited liability company is not organized under the law	s of the State of Flo	orida, it is hereby confirmed t	that after

the limited hability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

## /s/ JOSEPH A BRINTLE ESQ

JOSEPH A BRINTLE ESQAuthorized Person

Signature of a member or authorized representative of a member

Mackenzie Hart, Asst. Secretary

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent