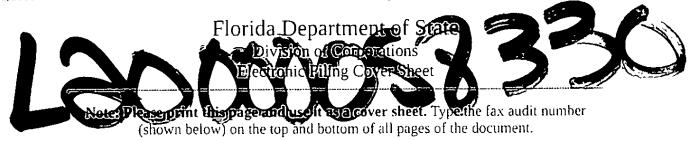
Division of Corporations



(((H210000445363)))



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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.

Email Address:

LLC REGISTERED AGENT CHANGE MPRE CAPITAL 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.

Name of the limited liability company: MPRE CAPITAL LLC					
•	302 SHORE DRIVE	(b) 4017 VICTORY DRIVE			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PALM HARBOR, FL 34683 UN		137		
		_	AUSTII	N, TX 78704 UN	
	02/21/20		L20000	0058330	
3.	Date of filing/registration in Florida	- 4.		Document number	
5i	MATTHEW P WELDON				
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Sta	nte:	
	302 SHORE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PALM HARBOR	34683		•	
	, rt.			<u>.</u>	
(b) Registered Agents Inc.					
Enter name of NEW Registered Agent and/or NEW Registered Office address:				*	
	7901 4th St N				
	NEW Registered Office Address:	·		· ·	
	STE 300				
				_	
	St. Petersburg, FL	33702		····	
the cha agent w was/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- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability confirmation of the limited l	stered officing pany, it ited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
Signat	ure of a member of authorized representative of a member		, ,	Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agriful of all statutes relative to the proper and complete in grations of my position as registered agent as provided by reflect a change in the registered office address. I have a supplied this change. Bill Havre - Assistant of Registered Agent	perform l for in (nereby co	ance of my Thapter 60 Onfirm tha	pacity. I further agree to comply with the chuies, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	