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| Special Instructions to Filing Officer: | | |
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EXAMINER

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| Division of Corporations | |
|--|---|
| SUBJECT: MAIN BASE DEVELOPI | MENT, L.L.C. |
| | of Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| • : | |
| COLLEEN BOLENA | |
| (Name of Person) | |
| NEW BROAD STREET COMPANIES | |
| (Firm/Company) | |
| 420 S ORANGE AVE STE 400 | |
| (Address) | |
| ORLANDO FL 32801 | |
| (City/State and Zip Code) | |
| For further information concerning this matte | er, please call: |
| COLLEEN BOLENA | at (407) 515-6983 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | ng amount: |
| | ☐ \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: MAIN BASE | DEVELOPMENT, L.L.C. | | |
|---|---|--|--|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | 7: 420 S ORANGE AVE STE 400 ORLANDO FL 32801 | | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 420 S ORANGE AVE STE 400 ORLANDO FL 32801 | | |
| | M0000000154 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent: | DAVID G. PACE | | |
| Registered Office Address: | 4776 NEW BROAD STREET, SUITE 110 ORLANDO, FL 32814 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | |
| NEW Registered Agent: | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 420 S ORANGE AVE STE 400 ORLANDO ■ ,FL 32801 | | |
| If the limited liability 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 of as otherwise provided in the articles of organization or the operating agreement of the limited liability company. | | | |
| (Signature of a member or authorized representative of a member) | _ | | |
| DAVID G. PACE, AUTHORIZED REPRESENTATIVE (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change. | | |
| (Signature of Registered Agent) | POCT 2 HASS | | |
| Division of Corporations, P.O. Box FILING FEE | 6327, Tallahassee, FL 32314 | | |

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