2/5/2015 13:27:04 From: To: 8506176380

Division of Corporations

Florida Department of State

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February 5, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ADP TOTALSOURCE MI VI, LLC **FAX FILING**CT CORPORATION SYSTEM***

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SUBJECT: ADP TOTALSOURCE MI VI, LLC

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Tina D Carter Regulatory Specialist

FAX Aud. #: E15000029047 Letter Number: 315A00002431

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	ame of the limited liability company:	URCE	MI.	VI, LLC			
2	(a)			(ъ)				
	(4)	Principal office address of limited liebility company: (Note: MUST BR STREET ADDRESS)		(0)		Aniling eddress of limited liabit (Note: MAY BE POST OFF		
		10200 SUNSET DR. MIAMI, FL 33173			10200 SUN	ISET DR. MIAMI, FL 3317	3	
		11/07/2000		1	v1000000023	312		
3.		Date of filing/registration in Florida	- 4.	-		Document number	-	
•	(a)	NATIONAL REGISTERED AGENTS, INC.						
	()	Registered Agent and Registered Office shown on the records of	fthe Flor	rida	Dept. of State	; ;		•
		Registered Office Address <u>MUST BB FLORIDA STREET</u> 1200 SOUTH PINE ISLAND ROAD	ADDRI	3557				
		PLANTATION FI	33324	_			15	ΤĀ
	(b)	CT Corporation System					5 FEB	- X
	•	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	œn:		Ļ	HASSE!
		NEW Registered Office Address:	-	_		•	AH III	- 1.10d
		1200 South Pine Island Road					\sim	STA.
		Plantation, Fl	L 33324	!			9	DA E
the	cha	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- bre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re iability of the i	gis con limi d li	ered office	and the business office of the business of t	f the reg	tistered
	ienei	ture of a manual or authorized representative of a member		-mn	ier Kurz, Wi	Printed or typed name of signs		
	_	by accepilite appointment as registered agent and agents of all trainies relative to the proper and complete igations of the proper and complete igations of the position as provide by reflect a change in the registered office address, I impriting of this change.	ree to de perfoi ed for t hereby	act rma n C v co	in this cape nce of my c hapter 605 nfirm that i			ith the accept a filed been
Çî By:	Co	rporphylogi Syptem						
Sig	nate	E of Riffelstered Agent	As	SS	stant	Secretary		
		Division of Corporations P.O. FILING I				see, FL 32314		

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