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(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com_

Date: August 12, 2015

Order#: 726002-053

Re: MCMC LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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. N	lame of the limited liability company: _	MCMC LLC			
2 (a)	300 CROWN COLONY DR, SUITE 20)3	_ (b)		
2. (u)	Principal office address of limited liab (Note: MUST BE STREET AD	ility company:	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	QUINCY M	A 02169	 -		
	05/12/2006		. <u> </u>	M060000	02789
3.	Date of filing/registration in I	Florida	4.		Document number
5. (a	REGISTERED AGENT SOLUTION	IS, INC.			
J. (L	Registered Agent and Registered Office showr		he Florida I	Dept. of State	- D:
	155 OFFICE PLAZA DR., SUITE A				
		ORIDA STREET A	DDRESS)	_	-
	•				·1
	TALLAHASSEE	, FL_	32301		A Section
					AUG TO
(b)					Service Control of the Control of th
	Enter name of NEW Registered Agent and/or	NEW Registered (Office addr	<u>ess</u> :	
	1201 Hays Street				
	NEW Registered Office Address:				35-
	Tallahassee	, FL_	32301		
the chagent was/was/wathe ar	limited liability company is not organize ange or changes are made, the Florida's will be identical. Or, in the case of a Florer authorized by an affirmative vote of ticles of organization or the operating against the companion of the operating against the companion of the operation of the oper	treet address of orida limited lia fithe members of greement of the l	the registe bility con the limit imited lia	ered office npany, it is ed liability ability com	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
I here	eby accept the appointment as registered	d agent and agre	ee to act i	n this capa	acity. I further agree to comply with the
provis the ob to me	sions of all statutes relative to the prope digations of my position as registered a rely reflect a change in the registered of	r and complete p gent as provided fice address, I h	performan I for in Ch ereby con	ice of my o apter 605 ifirm that	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
notifie	ed in writing of this change.		<i>J</i>		
Signat	ure of Registered Agent Corporation Scrvi	ce Company	BY: Gra	ice E. Kir	by, Assistant Vice President