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(Requestor's Name)					
(Address)					
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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: Chelsey Martine cmartin0@cscinfo.com

Date: November 13, 2014

Order#: 376608-001

Re: TRIPLE E CANADA LTD. LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Chelsey Martine

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.	Na	ame of the limited liability company: TRIPLE E CANA	DA LTD	LLC	
2.	(a)	301 Roblin Blvd.	(h)	
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Winker, MB R6W 4-CA CA	-		
		09/24/2007	_	M0700000	05821
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
٠.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		
	_	Plantation , FL_	33324		
					¹;
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	Office odd	PACC :	SE SE
		Enter hand of NEW Registered Agent and/of NEW Registered O	zince aug	<u>1 CSS</u> .	ES 8 T
		1201 Hays Street			FIL SECRETARS ALLAHASS
		NEW Registered Office Address:			magen, sa
					<u>ω</u>
		<u>Tallahassee</u> , FL_	32301		•
the age wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist pility cou the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
			Dona		uthorized Person
S	Signar	re of a member or authorized representative of a member			Printed or typed name of signee
I h pro	herel Ovisio	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- trations of my position as registered agent as provided	e to act erforma	in this capa nce of my a	city. I further agree to comply with the luties, and I am familiar with and accept
to no	mere tified	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	reby co.	nfirm that t	he limited liability company has been
<u></u>	٠,	Jehn august	 ~		
Sig	gnatuñ	e of Registered Agent Corporation Service Company	BY: Sy	ivia Quepp	pet, Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00