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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: March 5, 2015

Order#: 514832-009

Re: TROY CAPITAL, 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.	Na	me of the limited liability company:	TROY CAPITAL,	LLC				
2.	(a)	2660 S. RAINBOW BLVD, #D-104 Principal office address of limited lia (Note: MUST BE STREET A		(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE BO				:
		LAS VEGAS	N\ 89146	- -				
		03/13/2008		_	M080000			
3.		Date of filing/registration in	Florida	4.		Document number		
5.	(a)	NRAI SERVICES, INC.				_		
	` /	Registered Agent and Registered Office show	vn on the records of th	e Florida	Dept. of State	e:		
		1200 SOUTH PINE ISLAND ROAD)					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						=		
		Plantation	, FL_	33324	**************************************	-	SECOND PART OF THE	T)
	(b)	Corporation Service Company					7	W-1
	(~)	Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered C</u>	Office add	l <u>ress</u> :	-	9 F	1
		1201 Hays Street					-)
		NEW Registered Office Address:				-	0	
						-		
		Tallahassee	, FL	32301		_		
th ag wa	e cha gent v as/we	imited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lare authorized by an affirmative vote cles of organization or the operating a	street address of t Florida limited liab of the members of	he regis pility co the lim	tered offic mpany, it i ited liabilit	e and the business of s hereby confirmed t y company or as othe	fice of the regis hat the change(s	tered s)
				Don	a Priebe			
	Sign	ure a member or authorized representative	of a member			Printed or typed name of	of signee	
pr th to	ovisi e obl mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered ely reflect a change in the registered if in writing of this change.	ed agent and agre per and complete p agent as provided office address, I he	e to act performa for in C preby co	in this cap ince of my chapter 60: onfirm that	acity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to comply with iliar with and a cument is being company has be	h the ccept filed en
S	ignatu	re D Registered Agent Corporation Serv	vice Company	BY: Sy	/Ivia Quer	opet, Asst. Vice Pro	sident	

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