M08000003465

1	(Requestor's Name)		
(Address)			
	(Address)		
'	(Address)		
	(City/State/Zip/Phone #)		
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	(Business Entity Name)		
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SECRETARY OF STATE

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COVER LETTER

Division of Corporations				
SUBJECT:MGM International Group LLC				
Name of I	Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Joy Schroeder				
Name of Person				
NRAI Corporate Services, Lt	.c			
1021 Main Street, Suite 115	0			
Address	<u> </u>			
Houston, TX 77002 City/State and Zip Code				
mgreenberg@mercuria.con E-mail address: (to be used for future annual report n	otification)			
For further information concerning this matte	er, please call:			
Joy Schroeder	at (800) 862-5438			
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	g amount:			
\$25 Filing Fee	\$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:	MGM International Group LLC		
	2. (a) Principal office address of limited liability com			
	(Note: MUST BE STREET ADDRESS)	501 Brickell Key Dr., Suite 501		
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SSEE, F		
	08/28/2008	M08000003965		
	3. Date of filing/registration in Florida	4. Document number		
	5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
	Registered Agent:	Enrique J. Martin		
	Registered Office Address:	Greenberg Traurig, P.A. 1211 Brickell Avenue, Suite 2200 Miami, FL 33131		
	(b) Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office address:		
	NEW Registered Agent:	NRAI Services, Inc.		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		515 East Park Avenue		
		Tallahassee ,FL32301		
	If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member of authorized epresentative of a member	the laws of the State of Florida, it is hereby he Florida street address of the registered office dentical. Or, in the case of a Florida limited ye(s) was/were authorized by an affirmative vote therwise provided in the articles of organization pany.		
	Mark Greenberg Printed or typed name of signee			
by:	I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp. NRAI services and services are serviced. Signatural of Registered Agent	nd agree to act in this capacity. I further agree to a proper and complete performance of my duties, it position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.		
	Joy Schrodder, Asst. Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00