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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(December 1)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

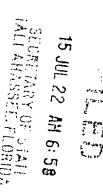
Office Use Only



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JUL 23 2015 J SHIVERS





CSC WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 20, 2015

Order#: 711526-026

Re: MIDWESTERN MARKETING, LLC

Enclosed please find:

XX 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: Grace Kirby

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: MIDWESTERN	MARKET	ING LLC		
2.	(a)	2650 McCormick Dr		2650 McCormick Dr		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)	(b) 2650 McCormick Dr Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Ste 200S		
	·	Ste 200S	_			
		Clearwater FL 33759	_	Clearwater	FL 33759	
		09/22/2008		M0800000429	90	
3.		Date of filing/registration in Florida	4.	Doo	cument number	
5.	(a)	Corporation Service Company				
	•	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:		
		1201 Hays Street				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		De co	
					<u> </u>	
		Tallahassee , FL	32301		\$\$ 2°	
				•	SA N	
	(b)	R. Nathan Hightower, Esq				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Uffice add	<u>'ess</u> :	(a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	
		2650 McCormick Dr			ुत् क	
		NEW Registered Office Address:			-	
		Suite 200S				
		Clearwater , FL,	33759			
the age wa	cha ent v s/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility con the limit imited lia	ered office and ipany, it is her ed liability con ibility compan	I the business office of the registered beby confirmed that the change(s) mpany or as otherwise provided in y.	
					Printed or treed name of signer	
	_	1			ted or typed name of signee	
pro the to	ovisi obli mere	by accept the appointment as registered agent and agree 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 had no writing of this change.	ee to act i performa for in Ci ereby coi	n this capacity nce of my dutie napter 605, F.S nfirm that the l	n. I further agree to comply with the is, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been	

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

Signature of Registered Agent R. Nathan Hightower, Esq.