## m09000002547

(Re	questor's Name)	;			
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)				
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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Office Use Only



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FILED

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SECRETARY OF STATE



April 11, 2012

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

MGM Carbon Portfolio LLC

MGM International Group LLC

MGM Logistics LLC MGM Worldwide, LLC

Dear Filing Officer:

Please file the attached Change of Agents for the referenced companies. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Schroeder Client Specialist

Encl.

## **COVER LETTER**

Division of Corporations						
	MCM Co		Doutto	lia C	Complete LLC	
SUBJEC					Services LLC	
	Name of	Limite	d Liabi	lity C	company	
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered (	Office	Change	and	fee(s) are submitted for filing.	
Please re	turn all correspondence concerning	this n	atter to	the f	following:	
	Joy Schroeder					
	Name of Person			<del></del>		
	NRAI Corporate Services, L	LC				
	Firm/Company					
	1021 Main Street, Suite 115	50				
	Address	<del>,,,</del>				
	Houston, TX 77002					
	City/State and Zip Code					
	mgreenberg@mercuria.cor	n				
E-ma	l address: (to be used for future annual report r	notification	on)			
For furth	er information concerning this matt	er. nle	ase call	:		
		, p		•		
	Joy Schroeder	-4.6	800	,	862-5438	
	Name of Person	_ at (_		Area C	Code & Daytime Telephone Number	
	TREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section				
	egistration Section ivision of Corporations	Division of Corporations				
	lifton Building	P.O. Box 6327				
	661 Executive Center Circle	Tallahassee, Florida 32314				
Ta	allahassee, Florida 32301					
Enclosed is a check for the following amount:						
ij	\$25 Filing Fee		□ \$5	5 Fili	ing Fee & Certified Copy	
<u>.</u> ₩	, · · · ·		ш,			

## 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.

Name of the limited liability company:MGN	<u> 1 Carbon Portfolio Sei</u>	rvices LLC		
2. (a) Principal office address of limited liability compar	ny:			
(Note: MUST BE STREET ADDRESS)	501 Brickell Key Dr., S Miami, Florida 33131			
(b) Mailing address of limited liability company:	<del> </del>	ARC 7		
(Note: MAY BE POST OFFICE BOX)		SSE 6		
06/30/2009	M0900000	254727		
3. Date of filing/registration in Florida	4. Document number	DA TO		
5. (a) Registered Agent and Registered Office shown or	the records of the Florida I	Dept. of State:		
Registered Agent:	Enrique J. Martin			
Registered Office Address:	1221 Brickell Ave., Suit Miami, FL 33131	te 2200		
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc. 515 East Park Avenue			
	Tallahassee	,FL <u>32301</u>		
f the limited liability company is not organized under the confirmed that after the change or changes are made, the I nd the business office of the registered agent will be identiability company, it is hereby confirmed that the change(so for the members of the limited liability company or as other the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company or as other than the operating agreement of the limited liability company or as other than the operation of the limited liability or as other than the operation of the limited liability or as other than the operation of the limited liability or as othe	Florida street address of the tical. Or in the case of a Fl	registered office		
hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing the obligations of my parties to the property of the provisions of my parties to the provision of the	ngree to act in this capacity. Oper and complete perform Sition as registered agent a crety reflect a change in the y has been notified in writin	I further agree to ance of my duties, s provided for in registered office ig of this change.		

FILING FEE: \$25.00