Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)796-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE E & A (MARYLAND), LLC

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131743/0510

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: E & A (MARYLA		
Name of 1	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Margot Mullin		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd, Suite 300		Seven Seven
Address		5 },
Austin, TX 78744		
City/State and Zip Code		
		2.24 2.24 2.24
E-mail address: (to be used for future annual re	eport notification)	J.M.
For further information concerning this matter, please	se call:	
Margot Mullin at	888 705-7274	
Name of Person	Area Code & Daytime Telep	phone 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 amo	ount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

Principal office address of limited liability of (Note: MUST BE STREET ADDRE			g address of limited liability company: IE: MAY BE POST OFFICE BOX
6175 NW 167th Stree	_	· 	MARK DRIVE, SUITE 11
Miami, FL 33015		GLEN E	BURNIE, MD 21061
12/24/2009		M09000	005025
Date of filing/registration in Flori	ida 4.	Doc	ument number
CORPORATION SER	VICE CO	MPANY	
Registered Agent and Registered Office shown on the			
1201 HAYS STREET		·	
	DA STREET ADDRE	(223	
Registered Office / Courses	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
TALLAHASSEE	_{E1} 32:		94.4
	, FL 32:	301	9. 19. 19.
Projectored Agent Solu		301	19 JUL 91
Pagistared Agent Solu	utions, Inc	301	F II.
Registered Agent Solu	utions, Inc	301	JUL 23
Registered Agent Solu Enter name of NEW Registered Agent and/or NE 155 Office Plaza Dr.	utions, Inc	301	FILE
Registered Agent Solu Enter name of NEW Registered Agent and/or NE 155 Office Plaza Dr. NEW Registered Office Address:	utions, Inc	301	FILE JUL 23 PH
Registered Agent Solu Enter name of NEW Registered Agent and/or NE 155 Office Plaza Dr.	utions, Inc	301 C.	FILED JUL 23 PH 4:

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Beth Benegan

Beth Behegan

Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Mackenzie Hart, Asst. Secretary