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LLC REGISTERED AGENT CHANGE MAG MUTUAL FINANCIAL SERVICES, LLC

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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.

Nai	me of the limited liability company: Mag Mutual Fine	mem Services,	LLC
(n.)		(b)	
(4) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3535 Piedmont Road NE Building 14, Suite 1000-8		
	Atlanta, GA 303		
	02/18/2010	М10	0000000773
	Date of filing/registration in Florida	4.	Document number
	Camerbury, Steve		
. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Der	nt, of State:
	8427 Southpark Circle #130		
	Registered Office Address	ADDRESS)	
			ASE A
	Ortando, E	32819	全商 6
	Orlando,, F	L	ASS ~
(b)			ASSEE, F
(0)	Enter name of NEW Registered Agent and/or NEW Registere	-d Office addres	F. S.
	C T Corporation System		AH 5: 07 SEE, FLORID
	NEW Registered Office Address:		>
	1200 South Pinc Island Road		
	Plantation 5.	33324	
e cha ent v as/w e art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or in the case of a Florida limited are authorized by an alimitative vote of the members icles of organization of the operating agreement of the number of a member of a member of a member of a member of a member.	liability comp	only, it is hereby confirmed that the change(s) d liability company or as otherwise provided in bility company.
	by accept he appointment as registered agent and a cions of all fatures relative to the proper and comple sligations of my position as registered agent as provi- cely reflect a change in the registered office address, pel in writing of this change	igree to act in	this capacity. I further agree to comply with

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