Florida Department of State

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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.

1. Name of the limited liability company: Mil	liport Associate	SUSA	A, LLC
2. (a)		(b)	
Principal office address of limited liability (Nate: MUST BE STREET ADDR			Mailing address of limited liability company: (Nata: MAY BE POST OFFICE BOX)
c/o The Corporation Trust Comp	any	c/	o The Corporation Trust Company
1209 Orange St., Wilmington, DE	19801	12	209 Orange St., Wilmington, DE 19801
January 11, 2012		M1	1200000189
. Date of filing/registration in Flo	orida 4.	 -	Document number
(a) Gary Kovacs, Esq.			
Registered Agent and Registered Office shows of	n the records of the Flo	rida Dep	pt. of State;
Registered Office Address (MUST RE FLOR	IDA STREET ADDR	E55)	
1900 Glades Road, Suite 245			
Boca Raton	, FL 334	31	
			-
(b) Gary Kovacs, Esq. Enter name of NEW Registered Agent and/or N			
Enter name of NEW Keristered Agent unity of N	E.W. Regialored Unic	andres	
•			
NEW Registered Office Address:			
1875 N.W Corporate Boulevard,	Suite 100		Ø
			Se
Boca Raton	, FL 334	31	
f the limited liability company is not organized the change or changes are made, the Florida strugent will be identical. Or, in the case of a Florida structure with the case of a Florida structure authorized by an affirmative vote of the articles of organization or the operating agree	eet address of the r ida limited liabilith he members of the sement of the ilmit	egistere y comp limited ad liabi	red office and the business office of the registe pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signature of a member or authorized representative of a	member		Printed or typed name of signes
I hereby accept the appointment as registered to rovisions of all statutes relative to the proper the obligations of my position as registered age to merely reflect a change in the registered offic otified in waiting of this change.	agent and agree to and complete perfi nt as provided for se address, I hereb	act in rmanc in Cha y confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being flight that the limited Hability company has been
Signature of Registered Agent			
7	ataura Batan		
/ Division of Corpora	tions+ P.O. Box 6 FILING FEK: :		Tailuhassee, FL 32314
318 (2/14)		- •	

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