

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE MS GALT & COMPANY LLC

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AUG - 1 2013 J. BRYAN

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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 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.

1. Name of the limited liability company: MS GALT & C	COMPANY LLC			
2. (a) Principal office address of limited liability company				
(Note: MUST BE STREET ADDRESS)	Stamford, Connecticut 06905			
(b) Mailing address of limited liability company:	1786 Bedford Street			
(Note: MAY BE POST OFFICE BOX)	Stamford, Connecticut 06905			
5/14/2012	M12000002682			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State: CORPORATION SERVICE COMPANY			
Registered Agent: Registered Office Address:	1201 HAYS STREET, TALLAHASSEE, FL 32301			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:			
NEW Registered Agent:	C T Corporation System			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road			
	Plantation ,FL33324			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote twise provided in the articles of organization			
Signature of a member or authorized representative of a member	_			
Mark Williams, Member				
Printed or typed name of signee	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company will				
Mark Williams, AVP, C T Corporation Sys	.tem			

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

INHS18 (05/08)