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•									
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status	_								
Special Instructions to Filing Officer:									
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Office Use Only



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SECRETARY OF STATE
TALLASSEE, FLORIDA

FEB 2 4 2015 T. CARTER

LCC RAChange



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith jsmith2@cscinfo.com

Date: February 11, 2015

Order#: 484546-035

Re: MOTT MACDONALD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.	Na	ame of the limited liability company	: _MOTT MACDON	NALD, LL	С			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 111 Wood Avenue South				
	(4)			_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 100, North Lobby						
		Westwood	Mi 02090	_	Iselin	NJ_	0	8830
		09/13/2012		. <u>-</u>	M120000	005171		
3.		Date of filing/registration	in Florida	4.		Document number		
5.	(a)	C T Corporation System						
	()	Registered Agent and Registered Office she	own on the records of the	he Florida I	Dept. of Stat	_ e:		
		1200 South Pine Island Road						
			FLORIDA STREET A	DDRESS)		_		
		<u> </u>	<u> </u>	<i>551</i> 1355)				
		Plantaiton	, FL_	33324		_	15	TA.S
							B34 (ECR
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered Office address:				-		:±(*) > ₹
		enter name of NEW Registered Agent and	vor NEW Registered (Jince add	ress:		$\overline{\omega}$	SSE
		1201 Hays Street					PH	
		NEW Registered Office Address:				_	3: 34	STATE LORIDA
		Tallahassee	FI	32301				
				02001		-		
the ag	e cha ent v is/we	imited liability company is not organge or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of t Florida limited lial of the members of	the regist bility cor the limit imited lia	ered officenpany, it is ted liability con	e and the business office s hereby confirmed that y company or as otherw npany.	of the	e registered ange(s)
	Signat	ure of a member or authorized representativ	a of a mambar	Dona	Priebe, A	uthorized Person		
	-	•				Printed or typed name of sig	_	
pro the to	ovisi e obl mere	by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered ly reflect a change in the registered in writing of this change.	red agent and agre per and complete p l agent as provided l office address, I h	ee to act to performa for in Cl ereby col	in this cap nce of my hapter 602 ifirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comp. r with ent is i pany h	ly with the and accept being filed ias been
Si	gnatu	Inara CKWOI re of Registered Agent Corporation Ser	rvice Company	BY: Gra	ace E. Ki	rby, Assistant VP		