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(Requestor's Name)				
(Address)				
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(Document Number)				
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 8, 2016

Order#: 973380-034

Re: RAZOR CAPITAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Lindsey Lockard

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: RAZOR CAPIT	TAL, LLC	
2.	(a)	8000 Norman Ctr. Dr., Suite 860	(b)	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Bloomington MI 55437		
		12/06/2012	M12	2000006788
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	C T CORPORATION SYSTEM		
٠,	(4)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
		1200 SOUTH PINE ISLAND ROAD		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
			<u>===;</u>	
		PLANTATION ,F	L <u>33324</u>	2015
	(b)	Corporation Service Company		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	— SSA O
				س رس (<u>سال</u>
		1201 Hays Street		DF STA
		NEW Registered Office Address:		D IZ: 24 OF STATE FLORIDA
		Tallahassee , FI	L_ 32301	
th ag wa	e cha ent v as/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered iability company of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
			Dona Prie	be, Authorized Person
	Sign	ture of a nember author epresentative of a member		Printed or typed name of signee
pr the to	ovisi e obl mere	Accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in thi e performance o ed for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
Si	gratu	re Registered Agent Corporation Service Company	BY: Sylvia (Queppet, Asst. Vice President