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(City	/State/Zip/Phone	e #)			
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LLC RA/RO Change



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Bax 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE: STATE:

8/11/2014 FLORIDA

REP UNIT:

MICROMONT HOLDINGS 2 LLC

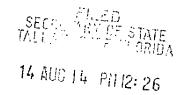
Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #25211 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	CT: MICROMONT HOLDINGS 2 LLC						
		e of Limited Lia	bility Company				
Dear Sir or I	Madam:						
The enclose	d Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.				
Please return	n all correspondence concerning thi	s matter to the fo	ollowing:				
Myra Sim			-				
	Name of Person						
Capitol Co	orporate Services, Inc. (Reg Firm/Company	istered Agen	t_Dept.)				
800 Brazo	os Ste 400 Address						
Austin TX	City/State and Zip Code		·				
	address: (to be used for future ann		ation)				
Myra Sim	mons	at (800) 345-4647				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Ėnc	closed is a check for the following	_					
□ \$	25 Filing Fee	\$5 :	5 Filing Fee & Certified Copy				
INHS18 (2/1	4)						



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

subm	tant to the provisions of sections 605.0114 or 605.0116 its the following statement in order to change its res	i, Flor zistere	ida Statutes, i d office or r	the undersigned limited liability company egistered agent, or both, in the State of
Floria	ame of the Limited Liability Company:	THO	DLDINGS 2	LLC
2 (2)	14901 Quorun Dr.		45 14901 s	Quorun Dr.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 900		Ste 900)
	Dallas, TX 75251	_	Dallas,	TX 75251
	3/12/2013		M1300i	0001581
3.	Date of filing/registration in Florida	4.	1911000	Document number
5. (a	CT Corporation System			
	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Stat	 te:
	1200 South Pine Island Road			_
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>(22)</u>	
				_
	Plantation FI.	333	324	
	, , ,			_
(b)	Capitol Corporate Services, Inc.			_
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
	455 Office Plane De Ote A			
	155 Office Plaza Dr Ste A NEW Registered Office Address:			_
	THE PARTIES OF THE PARTIES.			
				_
	Tallahassee Fr.	323	ι ∩ 1	
	, FL	- 525	<u> </u>	
f the h	limited liability company is not organized under the lay ange or changes are made, the Florida street address of	vs of t	he State of Fl	orida, it is hereby confirmed that after
igent :	will be identical. Or, in the case of a Florida limited lia	ability	company, it i	s hereby confirmed that the change(s)
was/w :he art	ere authorized by an affirmative vote of the members e ricles of organization or the operating agreement of the	f the l limite	imited liabilit d liability cer	fy company or as otherwise provided in non-
	Sames 4 Korrons -	-7	2)(14AN
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I l d in wyiting of this change.	ee to a perfor a for it nereby	nct in this cap mance of my n Chapter 60: confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	1. " - " - " - " - " - " - " - " - " - "	isch	er, Assistar	nt Secretary on
Signau			•	orate Services, Inc.
	Division of Corporations P.O. I FILING F			ssee: FL 32314