Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ail	Address:	
GTT.	MUUI CSS.	

LLC REGISTERED AGENT CHANGE MICROMONT HOLDINGS 2 LLC

Certificate of Status	0
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COVER LETTER

TO:	-	stration Section sion of Corporations						
SUBJE	ECT:	MICROMONT HOLDINGS	2 LLC					
		Name of Limited Liability Company						
Dear Si	ir or N	1adam:						
The end	closed	Registered Agent/Register	ed Office Chan	ge and fe	ee(s) are submitted for filing.			
Please	return	all correspondence concern	ning this matter	to the fo	ollowing:			
Alicia F	Richard	is						
		Name of Person	ı		_			
Registe	red Ag	gent Solutions, Inc.						
		Firm/Company			_			
Corpora	ate Cer	nter One, 5301 Southwest Pkv	vy. Ste 400					
		Address			-			
Austin,	. TX 78	3735						
		City/State and Zip	Code					
Е	-mail	address: (to be used for fut	ure annual repor	rt notific	ation)			
For fur	ther in	formation concerning this	matter, please c	all:				
Alicia F	Richard	is	88 at (88	705-7274			
		Name of Person			Area Code & Daytime Telephone Number			
	Mail	ling Address:			Street Address:			
		stration Section			Registration Section			
	Divi	sion of Corporations			Division of Corporations			
		Box 6327			The Centre of Tallahassee			
	Talla	ihassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the foll	lowing amount	:				
	□ \$2	5 Filing Fee		□ \$55	Filing Fee & Certified Copy			

15129570210

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.

2. (a)	8140 Walnut Hill Ln		(b)	8140 Wa	lnut Hill Ln	
-· (u) _	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 420	_		Ste 420		
	DALLAS, TX 75231	_		DALLAS	, TX 75231	
	3/12/2013		Ν	11300000	1581	
3. 5. (a)	Date of filing/registration in Florida CAPITOL CORPORATE SERVICES, INC.	4.			Document	number
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 515 EAST PARK AVENUE					🎮
	Registered Office Address (MUST BE FLORIDA STREET A 2ND FLOOR	DDRES	<u>55)</u>		_	1024 JAN SECTOR
	TALLAHASSEE, FL_	32301				126 148
(0)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	FILED 2024 JAN 26 PM 3: 36 SECT TRARY OF STATE TAILTHASCEE FOR	
	2894 Remington Green Ln.					·
	NEW Registered Office Address: Ste. A					
	Tallahassee, FL_	32308			_	
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the land the Smith	registe bility of the linited	red om mit lia	office an ipany, it i ed liabilit	nd the busing is hereby conty company mpany.	ess office of the registered onfirmed that the change(s)
/s/ Signa	ture of a member or authorized representative of a member					yped name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I ha I in writing of this change.	e to ac perform for in ereby c	et in nan Ch con	this cap ce of my apter 60: firm that	pacity. I fur duties, and 5, F.S. Or, the limited	ther agree to comply with the I am familiar with and accep if this document is being filed liability company has been
.orgaet	Marky Il					

Signature of Registered Agent