MB00000)1889

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

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SECRETARY OF STATE
FALL AHASSEE, FLOSIBA

MAY 1 9 2016 YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-063

Re: IAP-ECC, 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: Grace Kirby

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

TALLAHASSFELFLOSSEA

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. N	lame of the limited liability company: IAP-ECC, LLC					
2 (a)	7315 N ATLANTIC AVENUE		7315 N	7315 N ATLANTIC AVENUE		
_, (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	CAPE CANAVERAL FL 32920		CAPE CA	ANAVERAL, FL 32920		
	03/26/2013		M1300000	01889		
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 Stat 1200 SOUTH PINE ISLAND ROAD			:	16 HAY 18	SEURETARY TALLAMASS
	Registered Office Address (MUST BE FLORIDA STREET A				PH	
	PLANTATION , FL	33324			: 30	
•	Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street NEW Registered Office Address:	Office add	ress:			
	Tallahassee , FL	32301				
the chagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co f the limi	tered office mpany, it is ted liability	and the business office hereby confirmed that company or as otherwi	of the re	gistered ge(s)
	Jul E. Wone	Jill C	ilmi, Author	rized Person		
I her provi the oi to me notifi	eby accept the appointment as registered agent and agristions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change. The transport of Registered Agent Corporation Service Company	performa d for in C iereby co	nce of my a hapter 605 nfirm that i	duties, and I am familian . F.S. Or. if this docum	comply v r with and ent is bei pany has	d accept ne filed

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