## M1300000 5981

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

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: October 25, 2018

Order#: 447665-040

Re: SECOND ROUND GP, 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: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive 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.

I.	Na	me of the limited liability company: SECOND ROUN	ID GP, L	LC				
2.	(a)	817 The High Road	_ (b)		e High Road			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Austin, TX 78746	_	Austin, T	X 78746			
_		09/20/2013	_	M130000				
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	COGENCY GLOBAL INC.	<del></del> -	<del>, </del>	-			
		Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State	· · · · · · · · · · · · · · · · · · ·			
		115 NORTH CALHOUN ST.			_			
		Registered Office Address (MUST BE FLORIDA STREET AI	DDR <u>ESS)</u>					
		Suite 4			_	<b>₹</b> £	-4	
		Tallahassee, FL_	32301			CRET	8 OCT	
	(b)	Corporation Service Company				ARY I	29	
	,	Enter name of NEW Registered Agent and/or NEW Registered C	)ffice add	ress:		71	Ξ	
						문 등 S	AH II: 58	
		1201 Hays Street			-	<u>ē</u> H	58	
		NEW Registered Office Address:						
			• • • • • • • • • • • • • • • • • • • •		•			
		Tallahassee , FL	32301		-			
the ag wa	e cha ent v as/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere approximation or the operating agreement of the liabere are considered.	the regist bility cor "the limi	ered office npany, it is ted liability	e and the business off is hereby confirmed the y company or as othe	ice of the a	registenges	ered )
_	Ciana	ture of a hiember or authorized representative of a member	Jill C	ilmi, Autho	rized Person	faina a		
	_				Printed or typed name of	-	1	. 1
pr the to	ovisi e obl mere	by Accept the appointment as registered agent and agre ons 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 he d'in writing of this change	e to act i performa! for in Ci ereby co	n this cape nce of my e hapter 605 nfirm that	acity. I further agree duties, and I am fami. , F.S. Or, if this doct the limited liability co	to comply liar with a ument is bo ompany ha	with nd ac eing f is bee	the cept iled n
	X_	Inaca Tokybia	BY: Gr	ace E. Kir	by, Assistant Vice	President		