## M13000006889

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NAME:

MSC TALLAHASSEE, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

Pursuant to the provisions of sections 605.0114, 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. 1	Naı	ne of the limited liability company: MSC TALLAH	IASSEE, LLC			
2. (	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5086 TENNESSEE CAPITAL BLVD			
		(Note: MOST BESTREET ADDRESS)	Tallahassee, FL 32304	jira	( )	
(h) Ma		failing address of limited liability company:	725 Park Center Drive	25 25 25		
`	(0)	(Note: MAY BE POST OFFICE BOX)		C I	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			Matthews, NC 28105	3511	, c <u>ə l</u> -	
Oc	tot	per 30, 2013	M13000006889	****		
3. 1	Dat	e of filing/registration in Florida	1. Document number	ű	<u>o</u> m	
5.	(a)	Registered Agent and Registered Office shown on the Registered Agent:	the records of the Florida Dept. of State:  Corporation Service Company			
Registered Office Address:		Registered Office Address:	1201 Hays Street			
			Tallahassee, FL 32301-2525			
(	(b)	V Registered Office address:				
		NEW Registered Agent:	National Corporate Research, Ltd., Inc.			
NEW Registered Office Address:			155 Office Plaza Drive			
		(MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive Taltahassee	L 32301		
			Talianassee,r	L 32301	<del>'</del>	
and liab the the	the ilit me op	imited liability company is not organized under the la ned that after the change or changes are made, the Fle business office of the registered agent will be identically company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise trating agreement of the limited liability company.  The company of a member of authorized representative of a member of typed name of signee	cal. Or, in the case of a Florida was/were authorized by an affin	limited mative	l vote of	
		by accept the appointment as registered agent and as www.www.comes of all statutes relative to the pro- am familiar with and accept the obligations of my pos er 605, If S. Or, if this document is being filed to mer as, I hereby confirm that the limited liability company	gree to act in this capacity. I fur per and complete performance o ition as registered agent as prov ely reflect a change in the regis has been notified in writing of t	ther as of my a vided f tered o his chi	gree to juties, or in ffice inge.	

Signature of Registered Agent Sean Honan, Assistant Secretary

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