## M13000001178

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



000301496290

07/27/17--01008--007 \*\*25.00

FILED

17 JUL 27 PM 1: 52

PER STATE OR TO BE

S. WARREN AUG 0 1 2017



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'Hayer rachel.ohayer@cscglobal.com

Date: July 25, 2017

Order#: 740367-006

Re: INTRAFUSION GP, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Rachel O'Hayer 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.

## 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)		(t	o)		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1920 N. Memorial Way, Ste. 110		1920 N. N	Memorial Way, Ste. 110	
	Houston, TX 7707		Houston,	TX 7707	
	11/13/2013		M13000007178		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T Corporation System				
, (u)	Registered Agent and Registered Office shown on the records of	t the Florida	Dept. of State	:	
	1200 South Pine Island Road				
	Registered Office Address	ADDRESS	<del></del>		
			_		
		<del></del>		TILLED 17 JUL 27 PM	
	Plantation . F	L33324	<u> </u>		
				27	
(b)	Corporation Service Company			PILLED L 27 PM	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:		
				10000 <b>1: 5</b> :	
	1201 Hays Street				
	NEW Registered Office Address:			Ź	
	Tallahassee	L 32301			
	- I	1, 32301	· · · · · · · · · · · · · · · · · · ·		
f the li	mited liability company is not organized under the la	aws of the	State of Flo	rida, it is hereby confirmed that after	
.ne cna agent v	nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	or the regi: liability co	stered office ompany, it is	hereby confirmed that the change(s)	
was/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	of the lim	iited liability	company or as otherwise provided in	
	ginia Eden				
Signat	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provisi he obl o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, the writing of this change.	gree to act e perform ed for in ( hereby c	in this capa ance of my a Thapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accep F.S. Or, if this document is being filed he limited liability company has been	

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

/s/ Grace E. Kirby