## M13000008136

(Re	questor's Name)			
(Ad	dress)			
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SECURITARE FLORIDA

J. HARRIS



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: April Pagliassotti april.pagliassotti@cscglobal.com

Date: April 20, 2016

Order#: 069075-025

Re: MOSS CAPE 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: April Pagliassotti 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

## 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.

(a)	1205 E. International Airport Rd., Ste 101	(b)	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Anchorage, AK 99518		
	12/23/2013	M1	3000008136
	Date of filing/registration in Florida	4.	Document number
(a)	Incorp Services, Inc.		
( <i>)</i>	Registered Agent and Registered Office shown on the records of	the Florida Dept.	. of State:
	17888 67th Court North		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	——————————————————————————————————————
			<b>登</b> 6
			APR APR
	Loxahatchee , FI	L <u>33470</u>	
			%3
(b)	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	APR 22 PN 4:10  UR. IARY OF STATE LAHASSEE, FLORID
	1201 Hays Street		
	NEW Registered Office Address:		
	~ w.		
	Tallahassee , FI	L <u>32301</u>	<u>.</u>
cha ent v s/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered iability compar of the limited l	d office and the business office of the registe ny, it is hereby confirmed that the change(s) liability company or as otherwise provided
			pe, Authorized Person
	oan Hope ture of a member or authorized representative of a member	Joan Ho	Printed or typed name of signee
herei ovisi e obl	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	ree to act in the performance ed for in Chapt	nis capacity. I further agree to comply with of my duties, and I am familiar with and act ter 605, F.S. Or, if this document is being fi m that the limited lightlity company has been

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

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

/s/ Grace E. Kirby