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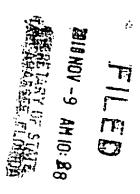
(Re	questor's Name)			
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Kelsey Eulert kelsey.eulert@cscqlobal.com

Date: November 7, 2018

Order#: 459835-095

Re: MAACO FRANCHISING, 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: Kelsey Eulert 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.

1. N	lame of the limited liability company: MAACO F	FRANCHISING,	LLC
2. (a)	440 S. CHURCH STREET, SUITE 700	(b)	440 S. CHURCH STREET, SUITE 700
	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CHARLOTTE NC 28202		CHARLOTTE, NC 28202
	03/19/2014		M14000001924
3.	Date of filing/registration in Florida	4.	Document number
5. (a	NRAI SERVICES, INC		
-/. (6	Registered Agent and Registered Office shown on the reco	ords of the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address	REET ADDRESS)	
	PLANTATION	FL <u>33324</u>	
			NOV
(b)	·		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>(sterea Omee aaar</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1201 Hays Street		
	NEW Registered Office Address:		): 30
	Tallahassee	,FL 32301	
			<del></del>
the cl agent was/v	limited liability company is not organized under mange or changes are made, the Florida street addressed by in the case of a Florida limiter authorized by an affirmative vote of the mem ticles of organization or the operating agreement	ess of the registe ited liability con thers of the limit	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	ature of a member or authorized representative of a member	Jill Cil	ilmi, Authorized Person
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the of to me: notific	sions of all statutes relative to the proper and con digations of my position as registered agent as pr rely reflect a change in the registered office addr ed in writing of this change.	nplete performan rovided for in Ch ess, I hereby con	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been
<u> </u>	Inaca Cokuble  ure of Registered Agent Corporation Service Comp		
Signat	ure of Registered Agent Corporation Service Comp	any BY: Gra	ace E. Kirby, Assistant Vice President