Division of Corporation 10/18/2019 Note: Please print this page and use it as a cover sheet. Type the fax audit number

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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE MAC-GRAY SERVICES LLC

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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)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	303 Sunnyside Blvd., Ste 70, Plainview, NY 11803	303 Sunnyside Blvd., Ste 70, Plainview, NY 1180	
	5/14/2014 Date of filing/registration in Florida		00003283
	Date of filing/registration in Florida	4.	Document number
. (n)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	it the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	1201 HAYS STREET		
	TAILAHASSFE. , F		7 8 17 18 TO 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
(0)	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System NEW Registered Office Address:		A
	1200 South Pine Island Road		
	Plantation F	133324	
he cha gent v vas/wo he arti 7//ob	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the act. Fixed.	aws of the State of the registered liability compar s of the limited I lie limited liabili Natalie Pro	of Florida, it is hereby confirmed that after office and the business office of the registry, it is hereby confirmed that the change(siability company or as otherwise provided ty company. Ckens, Member Printed or typed name of signee
here	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address.	gree waeim m la narlarranne	of my duties and I am familiar with and are

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