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(Add	ress)						
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(Addi	1622)						
(City/State/Zip/Phone #)							
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CSC - WILMINGTON Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: December 29, 2014

Order#: 425959-026

Re: ONEPROP FLORIDA, 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.

X Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

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.

1. Na	me of the limited liability company: ONEPROP FLO	RIDA, LI	-C				
2. (a)	5308 W. Plano Parkway, Suite 100	(b)				,	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		I	Mailing address of limit (Note: MAY BE PO)			-
				(Mole. MAT BE TO	<u>31 01110</u>	<u> </u>	ע
	Plano, TX 75093	-					
		_					
	08/18/2014		M140000	05910			
3.	Date of filing/registration in Florida	4.		Document number	•		
5. (a)	Ashley Martin			_			
()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State	e:			
	4380 West Kennedy Avenue						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_			
	Suite 600			_			
	Tampa FI.	33609					
	, PL	33003		-	 !		
(b)	Corporation Service Company				2E0	14.	B. a fair b
ζ-/	Enter name of NEW Registered Agent and/or NEW Registered	Office add	lress:	-			1
					V2 - 2	<u>C.)</u>	1
	1201 Hays Street		·	_		~~0	€****** } * *
	NEW Registered Office Address:				٠, ٠	افا. دې	Services.
			<u> </u>	_		\subset	
					. 1	CLS	
	Tallahassee, FL_	32301		_			
10.1 1		6.1	04.46.01	: 4 - 14 !- 11	C	4 4 4 4 4	-A
the cha	imited liability company is not organized under the law ange or changes are made, the Florida street address of	vs of the the regis	stered office	e and the business of	office of	the re	aner gistered
agent v	will be identical. Or, in the case of a Florida limited lia	bility co	mpany, it i	s hereby confirmed	that the	chang	ge(s)
the arti	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	limited l	iability con	npany.	iici wisc	provid	ied III
	() 2 6 2	Don	a Priebe, A	authorized Person			
Signa	ture of a member or authorized representative of a member			Printed or typed name	of signee	;	
I here	by accept the appointment as registered agent and agree	ee to act	in this cap	acity. I further agr	ee to co	mply v	vith the
the obl	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	for in C	hapter 60:	5, F.S. Or, if this de	ocument	is bei	ng filed
io meri notifie	ety reflect a change in the registerea office adaress, I n d in writing of this change	егеву сс	ngirin inai	те итпеа наонну	compar	iy nus	veen
	Some Tokuble						
Signatu	re of Registered Agent Corporation Service Company	BY: G	race E. Ki	rby, Assistant VP			

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