## M1400000850

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

Office Use Only



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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: Ellen Rosaio ellen.rosaio@cscglobal.com

Date: May 6, 2015

Order#: 606246-015

Re: IBEX MANAGEMENT SERVICES 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: Ellen Rosaio 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.

OUCA.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: IBEX MANAGEM	ENT SE	RVICES LI	LC		
2. (a)		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	5760 Manor Oak Avenue  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Fort Lauderdale, FL 33312		Fort Lauderdale, FL 33312			
		11/25/2014		M1400000			
3.		Date of filing/registration in Florida	4.		Document number		
5. (	a)	CT CORPORATION SYSTEM					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:	15 MAY	S IVI
		1200 SOUTH ISLAND ROAD					> R
(b		PLANTATION ,FL_	33324	<u> </u>		Y -8	HAS TO
	)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered O	Office add	ress:		PM 3: 10	ED OF STATE E. FLORIDA
		NEW Registered Office Address:					
the c	ha	Tallahassee, FL	he regist	ered office	and the business off	ice of th	e registered
was/	wε	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the limi	led liability	company or as other	rwise pr	ovided in
/S/ Michael Munter Signature of a member or authorized representative of a member				Michael Munter, Manager  Printed or typed name of signee			
I he prov the c to m notij	relisions of the second	by accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	performa for in Ci preby col	nce of my a hapter 605 nfirm that i	acity I further agree	to compliar with ument is ompany	and accept being filed has been

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