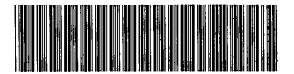
M1500003822

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/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



900285795809

05/18/16--01016--004 **25.00

PILED 2018 HAY 18 P 1: 2L SECRETARY OF STATE

> MAY 19 2013 O. BRUCK



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-067

Re: MG SUPPORT 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: Grace Kirby

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

SECRETARY OF SIATE OF TALLAHASSEE, FLORIDE

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	ame of the limited liability company: MG SUPPORT S	SERVICE	ES, LLC	
2. (a)	7321 NORTH ATLANTIC AVENUE	(b)	7321 N	IORTH ATLANTIC AVENUE
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CAPE CANAVERAL, FL 32920		CAPE C	ANAVERAL, FL 32920
	05/15/2015		M150000	003822
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			_
• • •	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	e:
	1200 SOUTH PINE ISLAND ROAD			_
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				P. 22
	PLANTATION , FL	33324	-	TALLARIASSES OF
(b)	Corporation Service Company			SS 18
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	lress:	
	1201 Hays Street			1: 24 FLORIDE
	NEW Registered Office Address:			F .
	Tallahassee FI.	32301		_
	7 -			_
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law the control of the law the	the regisability co f the limited li	tered offic mpany, it i ited liabilit iability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mei notifie	thy accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. The property of Registered Agent Corporation Service Company	performa I for in C iereby co	ince of my Chapter 60. Onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been arby, Assistant Vice President
_	Division of Corporations • P.O. B			•