M15000006046

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP V	VAIT MAIL					
(Business Entity Name)						
(= 111111111	,					
(Decument Number)						
(Document Number)						
Codified Conins	artificator of Status					
Certified Copies Ce	ertificates of Status					
Special Instructions to Filing Officer:						





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RECENTED SEP 0.8 2020

09/09/20 -01010--005 ++25.00

Ja 10/19/20



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: September 3, 2020

Order#: 400107-097

Re: MUPR 3 ASSETS, LLC

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper

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.

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: MUPR 3 ASS	SETS	S, LLC		
2	(a)	5001 Plaza on the Lake, Suite 200		(b)	1	
<u>-</u> -	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	_ (0,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Austin, TX 78746		-	-	
		07/31/2015			M150000	06046
3.		Date of filing/registration in Florida		4.		Document number
5	(a)	Capitol Corporate Services, Inc.				
J.	(4)	Registered Agent and Registered Office shown on the records	s of the	e Florida	Dept. of Stat	de:
515 East Park Avenue, 2nd Floor						
		Registered Office Address (MUST BE FLORIDA STREET	ET AL	DRESS	!	_
		Tallahassee		32301		_
		·	FL_			_
	(b)					
	(0)	Enter name of NEW Registered Agent and/or NEW Register	ered O	ffice add	lress:	_
		Corporation Service Company				
		NEW Registered Office Address:	-			_
		1201 Hays Street				
						_
		Taliahassee	, FL_	2301	.=	
ch ag wa	ange ent v is/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the second control of the operating agreement of the control of the contro	the red d liab rs of	egistere ility con the limi	d office ar npany, it i ited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
/s/ Jill Cilmi			Jill C	Jill Cilmi, Authorized Person		
	-	ture of a member or authorized representative of a member				Printed or typed name of signee
pr the to	ovisi 2 obl mer	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the regis te red office address, I in writing of this change.	agree ete pe ided ; , I he	e to act erforma for in C reby co	in this cap nce of my hapter 60, nfirm 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
Chi M Lev Con				poration Service Company		
Signature of Registered Agent An				ni M. Casper, Asst. Vice President		