## -MISOCOCH28

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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.

1. N	ame of the limited liability company: MIDAMERICA A	DMINIST	RATIVE 8	RETIREMENT SOLUTIONS, LLC
2. (a)	402 S. Kentucky Avenue, Suite 500  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Lakeland, FL 33801	<del></del>		
	09/01/2015	- <u>-</u>	M150000	
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Raymond Kelly			
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	- 9:
	402 S. Kentucky Avenue, Suite 500			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		- - :
				13
	Lakeland , FL	33801		APR 26
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	Ç
	1201 Hays Street			.00
	NEW Registered Office Address:			
	Tallahassee, FL	32301		
the cha agent v 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 with operating agreement of the	the regisability confirmation from the limited li	ered office npany, it i ted liabilit ability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sigra	ture of a member authorized representative of a member	DOTE	rnebe, A	uthorized Person  Printed or typed name of signee
I here provis the obs to mer notifie	by accept the appointment as registered agent and agraions of all statutes relative to the proper and complete ligations of my position as registered agent as provided to be a change in the registered office address, I have a change in the complete address, I have a change.	performa I for in C iereby co	nce of my hapter 605 nfirm that	duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signan	ire of Registered Agent Corporation Service Company	BY: Sy	lvia Quep	pet, Asst. Vice President

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