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

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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: Janis M. Smith janis.smith@cscglobal.com

Date: June 14, 2016

Order#: 172189-014

Re: MY AGENT SOLUTION, 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: Janis M. Smith 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: My Agent Solu	ition, LLC					
2.	(a)	1002 East Newport Center Drive, Suite 200	(†) 1002 E	ast Newport Center D	Orive, Su	uite 20	0
	(-) .	Principal office address of limited liability company:	`	·	Mailing address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST	OFFICE	E BOX)	
		Deerfield Beach, FL 33442		Deerfield	Beach, FL 33442			
		11/25/2015		M150000	09534			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	NRAt Services, Inc.						
	()	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State	· •:			
		1200 South Pine Island Road			ï	R	-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>5)</u>	-		<u></u>	
					Ę	10 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Ē	1 k
					. (SSA	<u>5</u>	ris a part
		Plantation , F	L_33324	4	٠ [mg :	PH	
					-	- Trans	بة ب	
	(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registers	ad Office ad	ldress:	-	82 /	ത	-
		(NEW INSIDERED ASSETS AND INSTRUCTION (CH CHICE AL	iu <u>i 633</u> .		}> 	ĎΘ	
		1201 Hays Street						
		NEW Registered Office Address:			-			
					-			
		Tellehanne	v 2220					
		Tallahassee , F	L 32301	<u> </u>	-			
If	the li	mited liability company is not organized under the la	aws of the	State of Flo	orida, it is hereby con	ifirmed i	that af	ler .
the	ent v	nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited	of the regi	stered office	e and the business off s bereby confirmed the	lice of the	ne regi hange	stered (s)
w	is/we	ere authorized by an affirmative vote of the members	of the lin	nited liabilit	v company or as othe	rwise pr	rovide	din
the	aru	cles of organization or the operating agreement of the						
4	Signus	our of a member or authorized representative of a member	A	mold Cohen,	Authorized Person Printed or typed name of	feimee		
		-	oraa to aa	et in this can	7.	•	nh wi	th the
nr	ovisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple	ie perform	iance of mv	duties. and I am tami	iliar will	n and t	accept
to	e ooi mere	igations of my position as registered agent as provid ly reflect a change in the registered office address,	iea jor in I hereby c	cnapter 603 confirm that	, r.s. Or, ij inis doc the limited liability c	umeni is ompany	has b	een
no	tified	in writing of this change.						
Si	gnatu	re of Registered Agent Corporation Service Company	BY: C	Grace F. Ki	rby, Asst. Vice Pres	sident		
	~	District Company	D - 622	# - # 1 1				

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

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2.	(a)	1002 East Newport Center Drive, Suite 200 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	Mai	1002 East Newport Center Drive, Suite 200 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Deerfield Beach, FL 33442		Deerfield Be	each, FL 33442				
3.		11/25/2015 Date of filing/registration in Florida	_ 	M15000009	534				
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5.	(a)		NRAI Services, Inc.						
		Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:					
		1200 South Pine Island Road							
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2					
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		Plantation FI	33324	Ĺ		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	NO.	. *-	
		, , ,				#####################################	Z	enge.	
	(b)	Corporation Service Company				SSE	5	į	
	(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:		ٿين			
						끝이	ငှာ	-	
		1201 Hays Street					©		
		NEW Registered Office Address:				⊕			
		Tallahassee . Fi	L 32301						
		ration assee, FI	L3 <u>&301</u>						
th ag w	e cha gent v as/wa	imited liability company is not organized under the la unge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lim e limited	stered office a ompany, it is h uited liability o	and the business off nereby confirmed the company or as othe any.	fice of the	e regist nange(s	ered	
_	Signa	ture of a member or authorized representative of a member			rinted or typed name o	f signee			
to no	here oviși e obi mer otifie	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. The of Registered Agent Corporation Service Company	ed for in (hereby c	t in this capac ance of my du Chapter 605, I onfirm that the	city. I further agree uties, and I om fami	e to comp iliar with nument is company i	ly with and ac being f has bee	the cept filed in	
		The state of the s			TT 00044				

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