(Requestor's Name) (Address) (Address)	300322822273
(City/State/Zip/Phone #)	FILED 2019 JAN -8 AH 8: 02 SECRETARY OF STATE TALLAHASSEELFLORIDA
Special Instructions to Filing Officer: BIGO MAN 0143 Office Use Only	19 JAN - 8 1911: 04 TAIL & CARTINE TAIL & CARTINE T



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

Account#: 12000000088

Date:	01/08/2019)				
	Merritt		_			
Referenc	e #:C	023962	_			
Entity Na	me:	MOHAWK UI	NIVERSITY GP L	LC		
	ticles of Incorpora	ation/Authorization	to Transact Business	5		
Change of Agent						
	Reinstatement Conversion					
	Merger Dissolution/Withdrawał					
	ctitious Name					
_	ed Amount:	-				

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Signature: _____ VWV

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Name of the limited liability company: MOHAWK UNIVERSITY GP LLC

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2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	211 W. Main Street, Suite 400,		
(<u></u>	Carmel, IN 46032		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	211 W. Main Street, Suite 400,		
	Carmel, IN 46032		
July 5, 2016	M16000005373		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:		
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	1200 South Pine Island Road Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address: COGENCY GLOBAL INC.		
NEW Registered Office Address:	115 North Calhoun St., Suite 4		
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee,FL_32301		
If the limited liability company is not organized under the li confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. May May May May Magnature of a member or apthefized apprentative of a member Scott D. Higgs	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of		

Printed or typed name of signce

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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Signature of Registered Agen1 Sean Honan, Assistant Secretary

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

INHS18 (12/13)

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