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LLC REGISTERED AGENT CHANGE MCDONNELL INDIGO VEST, LLC

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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.

I. Na	me of the limited liability company: MCDONNE	LLINDIGOWEST,LL	C
(14)	Principal office address of limited liability company: (Note: MUST HE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAVBE POST OFFICE BOX)
	5295S.COMMERCEDR,STE.100	52958.	COMMERCEDR,STE.100
	MURRAY,UT84107	MURRAY CTS4107	
	11/01/2016	M160000	008718
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATIONSERVICECOMPANY		
5. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida Dept. of S	State:
	Registered Office Address <u>(MUST BE FLORIDA STRE</u>	TET ADDRESS 1.	
	120HIAYSSTREET		_ 20
	TALLAHASSEE	, FL_32301-2525	FILL E
	Enter mane of NEW Registered Agent and/or NEW Regist		ES 23 [
	CTCorporationSystem		FIS
	NEW Registered Office Address:		
	1200SouthPincIslandRoad		<u> </u>
	Plantation	, FL_33324	
the cha agent v was/we the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the registered of a liability company, ers of the limited liability stephanieBo	it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee
provis the ob- to mer notifie	by accept the appointment as registered agent and ions of all statules relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address of in writing of this change. James M. Assistant Some of Registered Agent	vided for in Chapter s, Thereby confirm th Halpin	capacity. I further agree to comply with the my duries, and I am familiar with and accep 603, F.S. Or, if this document is being filed hat the limited liability company has been
	Division of Corporations P. FILIN	.O. Box 6327• Talla G FEE: \$25,90	diassee, FL 32314