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LLC REGISTERED AGENT CHANGE COGNOSANTE MVH, 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.

1.	Na	me of the limited liability company: Cognosante MVH	I. LLC						
2.	(a)	3110 FAIRVIEW PARK DR, STE 800			(b) 3110 FAIRVIEW PARK DRIVE, STE 800				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		FALLS CHURCH, VA 22042	- -		FALLS CH	HURCH, VA 22042			
		12/15/2016		i	M16000010	077			
3. 5	(a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.		<u> </u>	Document number			
5. (a)	(4)	Registered Agent and Registered Office shown on the records of a 1201 HAYS STREET	- ::						
		Registered Office Address (MUST BE FLORIDA STREET)	•						
(b)		TALLAHASSEE, FL_		32301		202			
	(h)	Corporate Creations Network Inc.				2024 J.			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ū						
		801 US Highway 1	=======================================						
		NEW Registered Office Address:				2: 3년			
		North Palm Beach, FL	33408	8					
cha age was the	nge nt w s/wc arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l limite	tered cor limi ed li	d office and npany, it is ted liability to the high properties the highest properties and the highest	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
<u>_</u>	ionat	ure of a member or authorized representative of a member		/larj	Souza, Att	orney-in-Fact Printed or typed name of signee			
I h pro the to i	erel visio obli nere	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have	ee to a perfor I for in pereby	act i rma: n Ci r coi	n this capa nce of my a tapter 605 ifirm that t	••			
Sig	natu	re of Registered Agent	N	Mar	a Souza, S	pecial Secretary			