

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M17000003510

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC REGISTERED AGENT CHANGE
OCU CMS GP, LLC

Certificate of Status	0
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FLORIDA

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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. Name of the limited liability company: OCU CMS GP, LLC
2. (a) 2001 ROSS AVE STE 1900
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
DALLAS, TX 75201
- (b) 2001 ROSS AVE STE 1900
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
DALLAS, TX 75201
3. 04/25/2017
Date of filing/registration in Florida
4. M17000003510
Document number
5. (a) CAPITOL CORPORATE SERVICES, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
515 EAST PARK AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2ND FL
TALLAHASSEE, FL 32301
- (b) United Agent Group Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Crystal Thackoor
Signature of a member or authorized representative of a member

Crystal Thackoor, Attorney-in-Fact
Printed or typed name of signee

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 statutes 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.

Crystal Thackoor Crystal Thackoor, Special Secretary
Signature of Registered Agent

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