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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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From; James Tanks III

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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.

. Na	me of the limited liability company: MXE Consulting	LLC	
(a)	1301 MCKINNEY ST, SUITE 1100	(h)	1301 MCKINNEY ST, SUITE 1100
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HOUSTON, TX 77010		HOUSTON, TX 77010
	5/8/2018		18000004458
١.	Date of filing/registration in Florida	4.	Document number
i. (a)	Registered Agents Inc Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	7901 4th St N Ste 300 Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	St. Petersburg . FI	33702	
(b)	C T Corporation System		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	
	NEW Registered Office Address:		<u></u>
	1200 South Pine Island Road		
	Plantation FI	33324	
he cha igent v was/w	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members takes of organization or the operating agreement of the	the registe ability con of the limit	ered office and the business office of the registered in the change (s) red liability company or as otherwise provided in
SORISMY	ners that member or authorized representative of a member	÷	Printed or typed name of signee
	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. I	ree to act i performa ed for in Ci	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed

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