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## COVER LETTER

TO: Registration Section

Divis	sion of Corporations	•						
SUBJECT:	Planate Management Group LLC							
SUBJECT	Name of Limited Liability Company							
Dear Sir or M	Madam:							
The enclosed	d Registered Agent/Registered Off	ice Change and t	fee(s) are submitted for filing.					
Please return	all correspondence concerning th	is matter to the f	ollowing:					
Jonathan I	Larson							
	Name of Person		_					
Planate M	anagement Group LLC							
	Firm/Company		_					
1800 Diag	onal Road, Suite 600							
	Address		_					
Alexandria	a, VA 22314							
*	City/State and Zip Code		<del></del>					
Jonathan.	Larson@planate.net							
E-mail	address: (to be used for future ann	nual report notific	cation)					
For further in	nformation concerning this matter.	, please call:						
Jonathan I	Larson	703	585-1079					
	Name of Person		Area Code & Daytime Telephone Number					
Regi Divi Clift 2661	istration Section sion of Corporations ton Building Executive Center Circle ahassee, Florida 32301	Reg Div P.O	istration Section ision of Corporations . Box 6327 lahassee, Florida 32314					
Enci	losed is a check for the following	g amount:						
<b>2</b> 1 \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy					
INHS18 (2/14	<b>;</b> )							

## 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.

L. N	ame of the limited liability company: Planate Mai		_ <del></del>					
2. (a)	1800 Diagonal Road, Suite 600	(b)	(b) 1800 Diagonal Road, Suite 600					
() -	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)				<del></del>	
	Alexandria, VA 22314		Alexandria, VA 22314					
3.	Date of filing/registration in Florida		Docum	nent number				
5. (a								
	Registered Agent and Registered Office shown on the records of 12814 FORESTEDGE CIR	of the Florida I	Dept, of State:					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)						
	Orlando	32828			SECT	超		
	. I	FL OZOZO	<del></del>		<u> </u>	SUA		
(b)					\SSI	$\overline{\omega}$	ļ	
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	<u>ress</u> :		Hig	<u> </u>	FILED	
	3361 Rouse Road, Suite 240				FLORI	13 MH 8 24	_	
	NEW Registered Office Address:				À	Ē		
	Orlando	FL_32817						
the ch agent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the file of the second street.	of the regist liability cors of the limit ne limited lia	ered office and the opany, it is hereby ted liability compa	e business off y confirmed th	ice of the rate the	registe: nge(s)	red	
Sign	ature of a member or authorized representative of a member			or typed name o	f signee		_	
provis the ob to met	eby accept the appointment as registered agent and a cions of all statutes relative to the proper and comple digations of my position as registered agent as provided velved a change in the registered office address, and in writing of this change.	igree to act i te performa ded for in Ci I hereby coi	n this capacity. I nce of my duties, c napter 605, F.S. ( nfirm that the limi	further agree and I am fami Or, if this doct ited liability co	to comply liar with a ument is be ompany ha	with t nd acc ing fil is been	he rept led i	
Signat	ure of Registered Agent							