M1800000 6037

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

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800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: December 7, 2018

Order#: 518929-010

Re: MSP RECOVERY CLAIMS, SERIES LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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: MSP RECOVERY	Y CLAIM	IMS, SERIES LLC
2.	(a)	5000 SW 75 AVE, SUITE 400	_ (b)	b) 5000 SW 75 AVE, SUITE 400
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (=)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MIAMI, FL 33155	<u> </u>	MIAMI, FL 33155
		06/21/2018		M18000006037
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	LA LEY CON JOHN H. RUIZ P.A.		
	,	Registered Agent and Registered Office shown on the records of the	e Florida I	a Dept. of State:
		5000 SW 75 AVE, SUITE 400		
		Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
		MIAMI	22155	
		, FL	33155_	<u>~</u>
	(b)	Corporation Service Company		. :3
	, ,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	dress:
		1201 Hays Street	 	<u></u>
		NEW Registered Office Address:		
		Tallahassee FL_	32301	
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liab.	ne registo ility con the limit	stered office and the business office of the registered oinpany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		/s/ Edward Ondarza	Edwa	vard Ondarza, Authorized Person
		ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to	ovisio Pobli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided fly reflect a change in the registered office address. I here in writing of this change.	to act i erformar for in Ch reby con	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep. Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Si	gnatur	e of Registered Agent Corporation Service Company I	BY: Gra	irace E. Kirby, Assistant Vice President

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