Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000427984 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)796-7274

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

Email Address:\_

## LLC REGISTERED AGENT CHANGE **MEMBERSY LLC**

Certificate of Status	0
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Page Count	01
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A. LUNT

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INHS18 (2/14)

## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJECT: Membersy LLC					
		ne of Limited Liab	ility Company		
Dear Sir	or Madam:				
The encl	losed Registered Agent/Registered Off	ice Change and fee	e(s) are submitted for filing.		
Please re	eturn all correspondence concerning th	is matter to the fol	łowing:		
Mar	y Castillo				
	Name of Person				
Regist	ered Agent Solutions, Inc.				
	Firm/Company				
1701 [	Directors Blvd, Suite 300				
	Address				
Austin	, TX 78744				
	City/State and Zip Code		•		
E-	mail address: (to be used for future an	nual report notifica	- ttion)		
For furt	her information concerning this matter	, please call:			
Mar	y Castillo	888 at (	705-7274		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amount:				
	□ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

15129570210

## 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		5	-		
i Na	me of the limited liability company: Membe	ersy LLC			
2. (a)	811 BARTON SPRINGS RD	<sub>(b)</sub> 811 BARTO	N SPRINGS RD		
2. (d)	Principal office address of limited liability company	// Mailing add	ress of limited liability company:  IAY BE POST OFFICE BOX)		
	(Note: MUST BE STREET ADDRESS)	STE 750	AT BE 1031 OF TICE 50.0		
	STE 750				
	AUSTIN, TX 78704	AUSTIN, TX	78704		
	7/16/2018	M180000065	M18000006552		
3.	Date of filing/registration in Florida	4. Docume	nt number		
5. (a)	CAPITOL CORPORATE SERV	VICES, INC.			
J. (a)	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept. of State:			
	515 E PARK AVE,				
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)			
	2ND FL				
	TALLAHASSEE	<sub>FL</sub> 32301	8821 F		
(b)	Registered Agent Solutions, In-	c.	SPRISHER OF CL		
(0)	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	60 XXX		
	ASS Office Plane Dr		AH 10: 17		
	155 Office Plaza Dr.		9.		
	NEW Registered Office Address:		7		
	Suite A				
	Tallahassee	.FL 32301			
the cha agent v	limited liability company is not organized under the same or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement or	ess of the registered office and the ted liability company, it is hereby bers of the limited liability compa	ousiness office of the registered confirmed that the change(s)		
	Eric Johnson	Eric Johnson	Manager		
	iture of a member or authorized representative of a member	Printed o	r typed name of signee		
1 1	An argani the appointment as registered agent in	nd gover to act in this canacity. It	further agree to comply with the		

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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent