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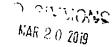
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submit Florida	s the following statement in ord	05.0114 or 605.0116, ler to change its regi ACC OP DCP	stere	d of	statutes, th	he undersigned limited liability compar- egistered agent, or both, in the State	ر ار
l. Nar	ne of the Limited Liability Compar			_			
2 (a)	12700 HILL COUNTRY BL	VD. STE T-200		<u>ው</u>	12700 H	HILL COUNTRY BLVD, STE T-2	00
2. (4)	Principal office address of limite (Note: MUST BE STREE	ed liability company:	-	1-7-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	AUSTIN, TX 78738		- -		AUSTIN	I, TX 78738	_
	8/2/2018			N	1180 <u>00</u>	0007148	
3.	Date of filing/registration	n in Florida	4,			Document number	
5 (a)	CT CORPORATION SYS	TEM					
J. (4)	Registered Agent and Registered Office	shown on the records of th	e Flor	rida D	ept, of State		
	1200 SOUHT PINE ISLAN	ID ROAD				_	
	Registered Office Address MUST E	E PLORIDA STREET A	DDRI	<u> </u>			
	PLANTATION	, FL_	333	324		19 M	
(h)	Capitol Corporate Services	s. Inc.					
(0)	Entername of NEW Registered Agent	and/or NEW Registered (	Office	eddr	<u></u>	- 19 L	
						## <b>3</b>	
	515 East Park Avenue 2nd	<u> </u>				- 10% 12: 12: 13: 14: 15: 15: 14: 15: 15: 15: 15: 15: 15: 15: 15: 15: 15	
	NEW Registered Office Address:					PN 12: 29 PN 12: 29 PF 11:1E PF 10:1E	
	Tallahassee	,FL_	323	3 <u>01</u>		_	
the chi agent v	ange or changes are made, the Flo	rida street address of t of a Florida limited lia rote of the members of	the re bility f the	gistr com limit	med office apany, it is ed liability ability com	orida, it is hereby confirmed that after e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in appany.  Ve Beinke, Vice President	×d
Signs	thire of a member or authorized represent	ative of a member	_	_	Ster	Printed or typed name of signice	_
I here provis the ob- to mer		istered agent and agre proper and complete p red agent as provided red office address, I h	_			pacity. I further agree to comply with the duties, and I am familian with and access. F.S. Or, if this document is being file the limited liability company has been	e pi d
Slamati		nie Case, Assistant Secretary on for Capitol Corporate Services, Inc.					
Signati	ure of Registered Agent			•			
	Division of C	corporations P.O. B FILING FE				550C, FL 32314	

INHS18 (2/14)