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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 MORGAN HILL CAPITAL PARTNERS, LLC

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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.

L Na	ome of the limited liability company: Morgan H	Hill Capit	al Partners, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	08/03/18	— — — M18	300007288
3.	Date of filing/registration in Florida	- 1772. 4,	Document number
5. (a)	AEGIS LAW		
	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	f State
	1550 W Cleveland St		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	TAMPA , FI.	33606	
(b)	Northwest Registered Agent L	.LC	2023 J.A.
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	. 10
	7901 4th St N		
	NEW Registered Office Address:		—
	STE 300		<u> </u>
	St. Petersburg	33702	
the changent was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered obility company fithe limited lia	office and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in
<u> </u>	wt growth	Nat Smi	th
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provisio the obli to mere notifica	oy accept the appointment as registered agent and agra- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	performance of I for in Chapter tereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
(/	Taylor Newman - Assistant	Secretary	