M18000009588

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer. | | | | | |
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Office Use Only



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2021 SEP 29 AHTH: 04 SECRETARY OF START

ZUZI SEP 29 AM II: 57

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 027613 8354552 | | | | | | | |
| AUTHORIZATION: Spulle Repar | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | |
| ORDER DATE: September 23, 2021 | | | | | | | |
| ORDER TIME : 9:13 AM | | | | | | | |
| ORDER NO. : 027613-343 | | | | | | | |
| CUSTOMER NO: 8354552 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| NAME: MCR ORLANDO TENANT LLC | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY | | | | | | | |
| X PLAIN STAMPED COPY | | | | | | | |
| CONTROL DEDCON Alamaia Mailand | | | | | | | |
| CONTACT PERSON: Alexxis Weiland | | | | | | | |
| EXAMINER'S INTUTALS. | | | | | | | |

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 Ns | ame of the limited liability company: MCR ORLAN | DO TENANT | LLC | | |
|------------------------------------|--|--|---|---|--|
| | 1503 LBJ Freeway, Suite 300 | (b) _ | | | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) _ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Dallas, TX 75234 | - | | | |
| | 10/24/2018 | M1 | 18000009588 | | |
| 3. | Date of filing/registration in Florida | 4. | Document n | umber | |
| c (.) | Cogency Global Inc. | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | of the Florida De | pt. of State: | | |
| | 115 N. Calhoun Street, Suite 4 | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 202 SEI T | |
| | | | | - SE | |
| | Tallahassee | 32301 | | FEP 29 RETAIN | |
| | | | | The strip | |
| (b) | | <u> </u> | | | |
| | Enter name of NEW Registered Agent and/or NEW Register | <u>ed Office addre</u> | <u>ss</u> : | | |
| | Corporation Service Company | | | 15 1 | |
| | NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | | | |
| | Tallahassee | L32301 | | | |
| change agent was/we the arti | imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the Stane registered of liability comps of the limited liab | oany, it is hereby con d liability company of lity company. | firmed that the change(s) or as otherwise provided in | |
| | Jill Cilmi | ni, Authorized Persor | ed name of signee | | |
| _ | sture of a member or authorized representative of a member | anas ta set in | At a second to I family | an name to comply with the | |
| provisi the obi | by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, d in writing of this change | led for in Cha I hereby confi | ms capacity. I full the of my duties, and I interest 605, F.S. Or, if irm that the limited listervice Company | am familiar with and accept this document is being filed ability company has been | |
| | Com Lev | | per, Asst. Vice Pres | ident | |
| Signatu | ire of Registered Agent | | | | |