M2300002806

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Submission Emily Marrie)						
·						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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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.

i.	Na	ime of the limited liability company: MSIM, LLC			
າ	(a)	901 E. 6th Street Suite 500		(b)	901 E. 6th Street Suite 500
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(~)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Austin, TX 78702	_		Austin, TX 78702
		03/06/2023			M23000002806
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
	, ,	Registered Agent and Registered Office shown on the records of t		ida	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD			
		PLANTATION	33324	1	
	PLANTATION .FL 33324				
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				ress:
		Corporation Service Company			
		NEW Registered Office Address:			
		1201 Hays Street		_	
		Tallahassee Fl.	32301	i	8 155 752
ch ag wa	ange ent v is/we e arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the S/MICHAEL L. BUNDER	vs of the registe bility of the li	ne S erec con imi i lia	I office and the business office of the registered *** npany, it is hereby confirmed that the change(s) *** ted liability company or as otherwise provided in ***
_:	Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
pr the to	ovisi 2 obl merc	by accept the appointment as registered agent and agro ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. I h d'in writing of this change.	ee to a perform l for in vereby	ect i mai n Ci coi	in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
Si	gnatu	Tre of Registered Agent GRACE E. KIRB	Y, AS	ST	, VICE PRESIDENT

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