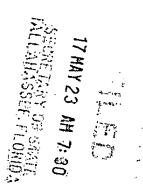
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INHS18 (2/14)

Registration Section

of Limited Liability Company
e Change and fee(s) are submitted for filing.
matter to the following:
al report notification)
lease call:
877 894-9049
Area Code & Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
mount:
☐ \$55 Filing Fee & Certified Copy

STÁTEMENT 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. Na	me of the limited liability company: MI TECHNOI	LOGIES, LLC	
2. (a)	1125 Satellite Blvd,Suite 100	(b)	
2. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suwanee, GA 30024	_	
	JUNE 4, 1998	M98000	0000580
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	
	1200 S. PINE ISLAND ROAD		A A A A A A A A A A A A A A A A A A A
	Registered Office Address (MUST BE FLORIDA STREET)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	PLANTATION, FL	33324	
(b)	UNITED CORPORATE SERVICES, INC.		
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	
	NEW Registered Office Address:		
	9200 SOUTH DADELAND BLVD.		
	MIAMI, FI	33156	_
the cha agent v was/w	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered off iability company, i of the limited liabi e limited liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	Charlie Smith	CHARLIE S	SMITH, Authorized Representative
I here provisi the obi	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this co performance of m ed for in Chapter 6 hereby confirm the	Printed or typed name of signee apacity. I further agree to comply with the ty duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been
	Nichael A.Barr re of Registered Agent		
Mich	ael A. Barr. President		