

L12000002704

Florida Department of State
Division of Corporations
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : NEIMAN & INTERIAN, PLLC
Account Number : T20180000010
Phone : (305) 530-9400
Fax Number : (305) 530-9409

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Email Address: RABAD@NIFLALAW.COM

L.L.C REGISTERED AGENT CHANGE
W MULTIFAMILY 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.

1. Name of the limited liability company: W MULTIFAMILY PARTNERS LLC

2. (a) 20803 BISCAYNE BLVD.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

SUITE 501
AVENTURA, FL 33180

01/05/2012

(b) 20803 BISCAYNE BLVD.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

SUITE 501
AVENTURA, FL 33180

L12000002704

3. Date of filing/registration in Florida: _____ 4. Document number: _____

5. (a) LAMONT NEIMAN & INTERIAN.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2020 PONCE DE LEON BLVD. SUITE 1005-B
Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)*

MIAMI FL 33134

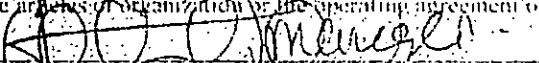
(b) NEIMAN & INTERIAN, PLLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
2020 PONCE DE LEON BLVD.
NEW Registered Office Address:
SUITE 1005-B
CORAL GABLES FL 33134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN 18 AM 10:00

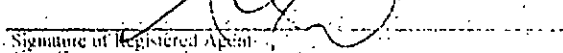
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

JORGE WOLDENBERG, MANAGER
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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