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SECRETARY OF STATEDATE TALLAHASSEE, FLORIDA

MAR 23 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	56 PARKWOOD OFFICE PLAZA,	, LLC							
50201		imited Liability Company							
Dear S	Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please	return all correspondence concerning this matter	er to the following:							
Julio	Snitcovsky								
	Name of Person								
56 Pa	arkwood Office Plaza, LLC								
	Firm/Company								
5901	SW 74th ST, Suite 407A								
	Address								
MIAN	MI, FL 33143								
	City/State and Zip Code								
anali	a@intertechrail.com								
1	E-mail address: (to be used for future annual rep	port notification)							
For fu	erther information concerning this matter, please	e call:							
Anali	ia Klepacz at (305 278-2788							
	Name of Person	Area Code & Daytime Telephone Number	er						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.	Na	me of the limited liability company: 56 PARKWO	0000	FF	ICE PLAZ	ZA, LLC		· <u></u>
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)	M	failing address of limited lie	ability con FFICE I	mpany:
		5901 SW 74th ST, Suite 407A			5901 SW	/ 74th ST, Suite 40	7A	
		MIAMI, FL 33143		-	MIAMI, F	L 33143		
		09/29/2014		L	.1400015	2272		
3.		Date of filing/registration in Florida	4.	_	1	Document number		
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of NS CORPORATE SERVICES INC	of the Flori	ida [Dept. of State:	:		
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRE.	SS)				
		1110 BRICKELL AVE, STE 310					15	SEC
		MIAMI , F	_L 3313	1			16 MAR 22	ATT ATT
	(b)							25 CE
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	 addr	ess:		PH -	700
		Julio Snitcovsky					կ։ 02	SEE
		NEW Registered Office Address:						
		5901 SW 74th ST, Ste 407A						
		MIAMI, F	_L 3314	3				
the ag	e cha ent v is/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of the li	giste con imit	ered office ipany, it is ed liability	and the business office hereby confirmed that company or as otherw	e of the	registered
Julio Snitcovsky, Managin				ky, Managing Men	nber			
		ture of a member or authorized representative of a member	_ 			Printed or typed name of si	-	
pr the to no	ovisi e obl mere tified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ely reflect a change in the registered office address, if in writing of this change.	gree to a le perfori led for in I hereby	ict ii mar i Ch con	n this capa nce of my d napter 605, nfirm that ti	city. I further agree to luties, and I am familia F.S. Or, if this docun he limited liability con	compl ir with a ient is b ipany h	y with the and accept peing filed as been
51	gnatu	re of Registered Agent						