## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

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## REGISTERED AGENT CHANGE

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CT CORPORATION

850-245-6897

P.02/02

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

lity company la: nited liability co e, Florida, 333
_
d' Linitra 200
Notida .
L9800000090  4. Document of the control office address as shown

Name 201 So. Biscayne Bivd., 1500 Miami Center Address

Miami, Florida 33131 City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System 1200 South Pine Island Road Florida street address (P.O. Box NOT accountable) Plentation.

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.

City. State and Zin

drive of a member) J**če**é Skriego (Printed or typed name of signes)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply why the provisions of all statular 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 the Capter Old, F.S. Or, if this eccument is being filed to hereby reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change,

arlara

Additor is subset in the control of Corporations, P.O. Bux 6327, Tullabuses, NL 32314

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