M1300003457

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





200271353402

SECRETARY OF STATE

SECRETARY OF STAIL DIVISION OF COMPORATIO

JUN 25 2015

& MACON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 681682 5021613

AUTHORIZATION :

COST LIMIT : \$/25.00

ORDER DATE : June 24, 2015

ORDER TIME : 3:0 PM

ORDER NO. : 681682-005

CUSTOMER NO: 5021613

CHANGE OF AGENT

NAME: 1010 BRICKELL HOLDINGS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	1010 Brickell Holdings LLC							
Name of Limited Liability Company								
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Office Ch	nange and f	ee(s) are submitted for filing.					
Please i	return all correspondence concerning this mat	ter to the f	ollowing:					
Jacque	elyn Werner							
	Name of Person		- -					
c/o We	xford Capital LP							
	Firm/Company		- . ,					
411 We	est Putnam Ave, Suite 125							
	Address		_					
Greenv	vich CT 06830							
	City/State and Zip Code							
kmclou	ghlin@wexford.com							
E-	mail address: (to be used for future annual re	port notific	ation)					
For furt	her information concerning this matter, please	e call:						
Kim Mc	Loughlin at (203	862-7000					
	Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☐ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy					
NHCIR	(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. N	Name of the limited liability company: 1010 Brickell H	oldings LL	С				
2 (a)	411 West Putnam Ave Suite 125,	(b)	411 West Putr	nam Ave Suite 125			
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Greenwich CT 06830		Greenwich CT 0	06830			
2	6/19/2012		M12000003457				
3.	Date of filing/registration in Florida	4.	Docum	nent number			
5. (a	Charlotte Sevilla						
	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:				
	15829 NW 82 CT						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					1	
						≝∞	
				286	<u>ت</u>	01S	
	Miami , FL	33016		光至	Z.	三元	
(h)	Corporation Service Company			SS 无	12	TARY OF CO	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr		m _C		300	
			_	FLOA	⊐ €	TPG GG	
	1201 Hays Street			10000000000000000000000000000000000000	8։ կ7	ÃÄ	
	NEW Registered Office Address:		 -	Au	-	RY OF STATE CORPORATIONS	
		· · · · · ·				76	
	Tallahassee , FL	32301					
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the register ability comes fine limited limited lia	red office and the pany, it is hereby ed liability compa bility company. Amron, Authoriz	e business office of confirmed that the	f the reg e chang provid	istered e(s)	
I here	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, It did not not the complete address and the compl	ee to act in performan I for in Ch iereby con	this capacity. I	further agree to co	mply w	ith the accept g filed seen	
Signatu	re of Registered Agent Corporation Service Company	BY:	Asst. \	Vice Presiden	t		