<u>L1500051902</u>

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COVER L	COVER LETTER:			
TO: Registration Section Division of Corporations	4			
SUBJECT: Corpa Sun Holding LLC	1177			
Name of Limited Li	ability Company			
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 to the	following:			
Helena L. Paranhos				
Name of Person				
Corpa Sun Holding LLC				
Firm/Company				
2931 NE 2nd Ave				
Address				
Miami FL 33137				
City/State and Zip Code				
jcfrangel@gmail.com				
E-mail address: (to be used for future annual report notif	ication)			
For further information concerning this matter, please call:				
Helena L. Paranhos at (786) 659-7041			
Name of Person	Area Code & Daytime Telephone Number			
	AILING ADDRESS:			
	gistration Section			
·	vision of Corporations			
6	D. Box 6327			
Tallahassee, Florida 32301	llahassee, 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. N	ame of the limited liability company: Corpa Sun Hol	lding LLC	
	200 S. Biscayne Blvd 4310 , Miami Fl 33137	_ (b)	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04-01-2015	 L150	000057902
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept.	of State:
	200 S. Biscayne Blvd 4310		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
			
	Miami, FL_	33131	্রা প্রা শুন্
(b)	Helena L. Paranhos		
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	— SAC S IM
	NEW Registered Office Address:		R 18 P 1: 53 TARY OF STATE ASSEF. FLORID
	2931 NE 2nd Ave		
	Miami , FL_	33137	
the ch agent was/w	limited 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 liagree authorized by an affirmative vote of the members of the second organization or the operating agreement of the law C	the registered bility compar f the limited l imited liabili	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and agre tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided by reflectia change in the registered office address, I h d in writing of this change.	ee to act in the performance of I for in Chapt ereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signati	wre of Registered Agent		