L16000102216

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

Office Use Only



500300272265

06/13/17--01020--001 **500.00

SECRETARY OF STATE

K. SALY JUN 1 4 2017

COVER LETTER

TO: Registration Section

| Division of | Corporations | | | | | |
|---|-----------------------------------|---|--------------------------------------|--|--|--|
| SUBJECT: 1DA I | 1DA LAND INVESTMENT HOLDINGS LLC | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Regist | ered Agent/Registered Offic | ce Change and for | ee(s) are submitted for filing. | | | |
| Please return all corr | respondence concerning this | matter to the fo | llowing: | | | |
| | | | | | | |
| Jeanne Fuentes | Lopez | | | | | |
| | Name of Person | , | | | | |
| Fowler White Bu | rnett, P.A. | | | | | |
| | Firm/Company | | - | | | |
| 1395 Brickell Ave | enue, Suite # 1400 | | | | | |
| | Address | | - | | | |
| Miami, Florida 33 | 3131 | | | | | |
| | City/State and Zip Code | | - | | | |
| jfuentes-lopez@f | owler-white.com | | | | | |
| E-mail address | : (to be used for future annu | al report notifica | ation) | | | |
| For further informati | on concerning this matter, p | olease call: | | | | |
| Jeanne Fuentes | Lopez | 305 | 789-9269 | | | |
| Nam | ne of Person | \ | Area Code & Daytime Telephone Number | | | |
| Registration Division of C Clifton Build 2661 Execut | Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | |
| Enclosed is | a check for the following a | mount: | | | | |
| ☑ \$25 Filing Fee | | | 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: 1DA LAND IN | VES | ΓN | IENT HO | OLDINGS LLC |
|--|--|-----------------------------------|--|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) c/o 1395 Brickell Avenue, 14th Floor (JFL) | | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5 Brickell Avenue, 14th Floor (JFL) |
| | Miami, Florida 33131 | _ | | | Florida 33131 |
| | 05/25/2016 | - | l | _160001 | 02216 |
| 3. | Date of filing/registration in Florida | 4. | - | | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Corporate Management Inc Registered Office Address (MUST BE FLORIDA STREET AD 16321 SW 78th Terrace | <i>DDRES</i> 3319: | 3 | | 2011 JUN 13 PM 1: 09 SECRETARY OF STATE SALLAHASSEE. FLORIDA |
| | Miami , FL | 3313 ⁻ | 1 | | _ |
| the cha agent v was/we the arti Signa I here provisi the obl to mere notified | imited liability company is not organized under the law- inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the liability of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a charge in the registered office address, I had in writing of this change. | s of the regoility of the limited | e S gist con mit lia ar | ered officenpany, it is the desired liability con ane Fuer | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany. Ites Lopez Printed or typed name of signee |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00