that my name appears above, or on an attachment with all other like empowered. SIGNATURE: PAOLA ANGULO

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 80-0179838

Name and Address of Current Registered Agent:

ANGULO, PAOLA 200 BISCAYNE BOULEVARD WAY **SUITE 4801** MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	ANGULO, MARCELA	Name	ANGULO, PAOLA
Address	200 BISCAYNE BOULEVARD WAY SUITE 4801	Address	200 BISCAYNE BOULEVARD WAY SUITE 4801
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123873

Entity Name: 348 THE POINT ORLANDO, LLC

Current Principal Place of Business:

200 BISCAYNE BOULEVARD WAY **SUITE 4801** MIAMI, FL 33131

Current Mailing Address:

200 BISCAYNE BOULEVARD WAY **SUITE 4801** MIAMI, FL 33131 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

MANAGER

FILED Apr 23, 2017 Secretary of State CC8086020729

Certificate of Status Desired: No

04/23/2017

Date