| Number: I | NOT APPLICABLE | Certificate of Status Desired: Yes |
|---|--|--|
| ne and Ad | dress of Current Registered Agent: | |
| EZ, MIRTA BILTMORE W 3 XAL GABLES, | /AY FL 33134 US | |
| above named ei | ntity submits this statement for the purpose of changing its reg | stered office or registered agent, or both, in the State of Florida. |
| NATURE: | MIRTA PEREZ | 05/17/2017 |
| | Electronic Signature of Registered Agent | Date |
| horized Pe | erson(s) Detail : | |

| Entity Name: 1980 SC | OUTH OCEAN DRIVE 5L, LLC | |
|----------------------|--------------------------|--|

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

600 BILTMORE WAY #903 CORAL GABLES, FL 33134

DOCUMENT# L08000093065

Current Mailing Address:

600 BILTMORE WAY #903 CORAL GABLES, FL 33134 US

FEI N

Nam

PERE 600 B #903 CORA

| Authorized Person(s) Detail : | | | | | | |
|-------------------------------|-------------------------|-----------------|--------------------------|--|--|--|
| Title | MGR | Title | S | | | |
| Name | PEREZ, MIRTA PEREZ | Name | PEREZ, MIRTA | | | |
| Address | 600 BILTMORE WAY 903 | Address | 600 BILTMORE WAY #903 | | | |
| City-State-Zip: | CORAL GABLES FL 33134 | City-State-Zip: | CORAL GABLES FL 33134 | | | |

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

MANAGER

05/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date