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

Electronic Signature of Signing Authorized Person(s) Detail

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000100901

Entity Name: MED VILLAS 203 PROP SVCS, LLC

Current Principal Place of Business:

2929 SW 3RD AVE 210 MIAMI, FL 33129

Current Mailing Address:

2929 SW 3RD AVE 210 MIAMI, FL 33129

FEI Number: 46-2436009

Name and Address of Current Registered Agent:

GIMENEZ, FERNANDO 2929 SW 3RD AVE 210 MIAMI, FL 33129 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 | MGR | Title | MGRM |
| Name | GIMENEZ, FERNANDO | Name | GANDALIS INVESTMENT INC |
| Address | 2929 SW 3RD AVE., SUITE 210 | Address | 1000 BRICKELL AV SUITE 400 |
| City-State-Zip: | MIAMI FL 33129 | City-State-Zip: | MIAMI FL 33131 |
| | | Only Otate Zip. | |

SIGNATURE: FERNANDO GIMENEZ MANAGER

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

03/23/2018

Date

FILED Mar 23, 2018 Secretary of State CC2105748911

Certificate of Status Desired: No

Date