	ncipal Place of Business: TREET, SUITE 2307 130			
Current Mai	ling Address:			
175 SW 7T⊦ MIAMI, FL	I STREET, SUITE 2307 33130 US			
FEI Number: 47-1117015			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
PONCE , FABI 175 SW 7TH S MIAMI, FL 331	TREET, SUITE 2307			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Florida	
	d entity submits this statement for the purpose of changing its reg E: FABIAN PONCE	istered office or regis		1/07/2015
		istered office or regis		
SIGNATUR	E: FABIAN PONCE	istered office or regis		1/07/2015
SIGNATUR	E: FABIAN PONCE Electronic Signature of Registered Agent	istered office or regis		1/07/2015
SIGNATURI Authorized	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail :		0	1/07/2015
SIGNATUR	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	1/07/2015 Date
SIGNATURE Authorized Title Name	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail : MGR PONCE, FABIAN	Title Name	0 MGR PONCE, RENE 175 SW 7TH STREET, SUITE 2307	1/07/2015 Date
SIGNATURE Authorized Title Name Address	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail : MGR PONCE, FABIAN 175 SW 7TH STREET, SUITE 2307	Title Name Address	0 MGR PONCE, RENE 175 SW 7TH STREET, SUITE 2307	1/07/2015 Date
SIGNATURE Authorized Title Name Address City-State-Zip:	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail : MGR PONCE, FABIAN 175 SW 7TH STREET, SUITE 2307 MIAMI FL 33130	Title Name Address	0 MGR PONCE, RENE 175 SW 7TH STREET, SUITE 2307	1/07/2015 Date
SIGNATURS Authorized Title Name Address City-State-Zip: Title	E: FABIAN PONCE Electronic Signature of Registered Agent Person(s) Detail : MGR PONCE, FABIAN 175 SW 7TH STREET, SUITE 2307 MIAMI FL 33130 MGR	Title Name Address	0 MGR PONCE, RENE 175 SW 7TH STREET, SUITE 2307	1/07/2015 Date

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.

SIGNATURE: FABIAN PONCE

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SPRING HILL INTERNATIONAL PROPERTIES (USA), LLC

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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MANAGER

Secretary of State CC2918462130

FILED Jan 07, 2015

Date