Current Principal Place of Business:
2665 S BAYSHORE DR SUITE 1020
COCONUT GROVE, FL 33133

Current Mailing Address:
P.O. BOX 330609
MIAMI, FL 33233 US

FEI Number: 32-0504280
Certificate of Status Desired: No

Name and Address of Current Registered Agent:
NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324 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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE</td>
<td>NAME</td>
<td>ADDRESS</td>
<td>CITY-STATE-ZIP</td>
</tr>
<tr>
<td>MANAGER</td>
<td>MARTIN, PEDRO</td>
<td>2665 S. BAYSHORE DR. SUITE 1020</td>
<td>COCONUT GROVE FL 33133</td>
</tr>
<tr>
<td>MANAGER</td>
<td>HALLI, JAYME</td>
<td>2665 S BAYSHORE DR SUITE 1020</td>
<td>COCONUT GROVE FL 33133</td>
</tr>
</tbody>
</table>

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: JAYME HALLI
Electronic Signature of Signing Authorized Person(s) Detail

Date
04/28/2017