40-35 22ND ST	ncipal Place of Business: 		CC449	7234738	
Current Ma	iling Address:				
40-35 22ND LONG ISLA	ST. ND CITY, NY 11101 US				
FEI Numbe	r: APPLIED FOR		Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:				
2815 W. NEW	GGIE, AND WOOD, PLLC HAVEN AVE.				
	HAVEN AVE.				
2815 W. NEW 304 MELBOURNE,	HAVEN AVE.	s registered office or regis	tered agent, or both, in the State of F	lorida.	
2815 W. NEW 304 MELBOURNE, <i>The above name</i>	HAVEN AVE. FL 32904 US	s registered office or regis	tered agent, or both, in the State of F	ilorida. 04/17/2018	
2815 W. NEW 304 MELBOURNE, <i>The above name</i>	HAVEN AVE. FL 32904 US d entity submits this statement for the purpose of changing its	s registered office or regis	tered agent, or both, in the State of F		
2815 W. NEW 304 MELBOURNE, <i>The above name</i> SIGNATUR	HAVEN AVE. FL 32904 US d entity submits this statement for the purpose of changing its E: MAURICE ARCADIER	s registered office or regis	tered agent, or both, in the State of F	04/17/2018	
2815 W. NEW 304 MELBOURNE, <i>The above name</i> SIGNATUR	HAVEN AVE. FL 32904 US d entity submits this statement for the purpose of changing its E: MAURICE ARCADIER Electronic Signature of Registered Agent	s registered office or regis	tered agent, or both, in the State of F	04/17/2018	
2815 W. NEW 304 MELBOURNE, <i>The above name</i> SIGNATUR	HAVEN AVE. FL 32904 US d entity submits this statement for the purpose of changing its E: MAURICE ARCADIER Electronic Signature of Registered Agent Person(s) Detail :			04/17/2018	
2815 W. NEW 304 MELBOURNE, <i>The above name</i> SIGNATURI Authorized Title	HAVEN AVE. FL 32904 US d entity submits this statement for the purpose of changing its E: MAURICE ARCADIER Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/17/2018	

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: MARTIN WESTON	MGR	04/17/2018
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DOCUMENT# L15000051653

Entity Name: DEWA UNIT 5 MIAMI, LLC

FILED Apr 17, 2018 Secretary of State CC4497234738

Electronic Signature of Signing Authorized Person(s) Detail