	Acipal Place of Business: _ BAY DRIVE, STE 2406 31			
Current Mai	ling Address:			
1001 BRICK MIAMI, FL (ELL BAY DRIVE, STE 2406 33131 US			
FEI Number: 32-0485589 Certificate of Status Des			red: No	
Name and A	ddress of Current Registered Agent:			
NS COMPANY 1110BRICKELL STE 310 MIAMI, FL 3313	AVENUE			
1110BRICKELL STE 310 MIAMI, FL 3313	AVENUE	tered office or regist	ered agent, or both, in the State of Flo	rida.
1110 BRICKELL STE 310 MIAMI, FL 3313	AVENUE 31 US	tered office or regist	ered agent, or both, in the State of Floi	^{rida.} 04/01/2022
1110 BRICKELL STE 310 MIAMI, FL 3313	AVENUE 31 US I entity submits this statement for the purpose of changing its regis	tered office or regist	ered agent, or both, in the State of Flo	
1110 BRICKELL STE 310 MIAMI, FL 3313 The above named SIGNATURE	AVENUE 31 US d entity submits this statement for the purpose of changing its regis E: NELSON SLOSBERGAS	tered office or regist	ered agent, or both, in the State of Flo	04/01/2022
1110 BRICKELL STE 310 MIAMI, FL 3313 The above named SIGNATURE	AVENUE 31 US d entity submits this statement for the purpose of changing its regis E: NELSON SLOSBERGAS Electronic Signature of Registered Agent	tered office or regist	ered agent, or both, in the State of Flor	04/01/2022
1110 BRICKELL STE 310 MIAMI, FL 3313 The above named SIGNATURE	AVENUE 31 US d entity submits this statement for the purpose of changing its regis E NELSON SLOSBERGAS Electronic Signature of Registered Agent Person(s) Detail :			04/01/2022
1110 BRICKELL STE 310 MIAMI, FL 3313 The above named SIGNATURE Authorized I Title	AVENUE 31 US 31 US 31 entity submits this statement for the purpose of changing its regis 32 NELSON SLOSBERGAS 33 Electronic Signature of Registered Agent 34 Person(s) Detail : 35 MGR	Title	MGR	04/01/2022 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: LEMOS SAMPAIO, RUY

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/01/2022

Date

FILED Apr 01, 2022

Secretary of State 9723175466CC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000028218

Entity Name: FVS PARAMOUNT I, LLC

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