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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : J L HOFMANN & ASSOCIATES, P.A.
Account Number : I19990000022
Phone : (305)666-0024
Fax Number : (305)666-0028

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REGISTERED AGENT CHANGE
SAUMS 176, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J. LEGGETT
JAN 17 2018

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SAUMS 176, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. September 15, 1997 3. A97000001028
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

United States Registered Agents, Inc.
Name
420 S. Dixie Highway, Suite 4B
Address
Coral Gables, FL 33146
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

9300 S. Dadeland Blvd, Suite 600
Name
Florida street address (P.O. Box not acceptable)
Miami FL 33156
City, State and Zip

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STATE OF FLORIDA
TALLAHASSEE

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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