DOCUMENT I DORAL FLEXXSPACE LLC 1400 N.W. 107TH AVENUE MIAMI FL 33172-2704 STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP								_					Ç.
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The Adoptionable Signature	Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. 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: Signata bytel or private types and the Fractionian (OPTE Registered Agent agencia sequence sequence agency and the Fractionian (OPTE Registered office or registered agent, or both, in the State of Florida. SIGNATURE: Signata bytel or private part agent ag	City & Stat	te	City & State				4. FEI Numbe						
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