L02000017449

| (Requestor's Name) | | | |
|---|-----------------|--------|--|
| | | | |
| (Address) | | | |
| | | | |
| (Address) | | | |
| | | | |
| (City/St | ate/Zip/Phone # |) | |
| | | | |
| PICK-UP | WAIT | MAIL | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies | Certificates of | Status | |
| · ———— | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



800199464768

SECRETARY OF STATE TALLAHASSEE, FLORIC

TILED AN 8:

K. SALY EXAMINER

AUG 3 0



| CORPORATION SERVICE COMPANY |
|---|
| 1201 Hays Street Tallahassee, FL 32301 |
| Phone: 850-558-1500 |
| 7 No.1121 030 330 1300 |
| |
| ACCOUNT NO. : I2000000195 |
| REFERENCE: 269045 4384197 |
| AUTHORIZATION I TRUBBLE MAN |
| COST LIMIT: \$ 25:00 |
| |
| ORDER DATE: August 26, 2016 |
| ORDER TIME: 9:10 AM |
| ORDER NO. : 269045-005 |
| CUSTOMER NO: 4384197 |
| CHANGE OF AGENT |
| NAME: GEOMAR INVESTMENT GROUP LLC |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Courtney Williams EXT# 62935 |
| EYANAINIED: |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 2. (a) | | _ (b) | | |
|---|---|--|---|---|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 600 GRAPETREE DRIVE Unit #3D-S | _ | SAME | |
| | KEY BISCAYNE, FL 33149 | | | |
| | 07/12/2002 | _ | L020000 | 017449 |
| (a) | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the | ne Florida | Dept. of Sta | ate: |
| | CF REGISTERED AGENT, INC. | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | _ |
| | 100 S. Ashley Drive Suite 400 | | | 7A.5: 201 |
| | | 33602 | | 2016 AUG 29 SECRETARIST TALLIAHASS |
| (b) | Corporation Service Company | | | 29 (SSE) |
| (-) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | FILEL ANG 29 AM 8: 51 EURE INRY OF STATE LINHASSEE, FLORIDE |
| | 1201 Hays Street | | | _ SA SI |
| | NEW Registered Office Address: | | | TC+ |
| | Tallahassee , FL | 32301 | | _ |
| the cha agent v was/w | imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | s of the S the regist bility con the limi | ered offic npany, it ted liabili | ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| | /S/ Jorge A. Goytisolo | Jorge | A. Goyt | |
| _ | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I here provis the ob to mer notifie | by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of this change. | e to act operforma for in Co ereby co | in this ca nce of my hapter 60 nfirm tha | pacity. I further agree to comply with the adules, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |

Signature of Registered Agent Corporation Service Company BY: