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(((H15000184691 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone

: (800)277-9977

Fax Number

; (800)815-0477

**Enter the email address for this business entity to be used for fullure annual report mailings. Enter only one email address please.*

Email Address: cmas@cfjblawcom

LLC REGISTERED AGENT CHANGE FREDERIC FEKKAI PALM BEACH, LLC

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COVER LETTER

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SUNJECT	Frederic Fekkai Palm Beach, LLC			
		me of Limited Liabl	Ilty Company	
Dear Sir or	Madam;			
The enclose	d Registered Agent/Registered Of	ffice Change and fee	(s) are submit	ted for filling.
Please retur	n all correspondence concerning th	his matter to the foll	owing:	
Carlos A. M	as, Esq.			
	Name of Person			
Carlton Field	ds Jorden Burt, PA			
	Firm/Company			
100 SH Seco	and Street, Suite 4200			
	Address			
Miaml, Flor	ldn 33131			
	City/State and Zip Code			
cmas@cfjbl	nv.com			
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For further	information concerning this matter	r, please call:		
Natalie Leib	a-Paul	800 at ()	277-9977	
	Name of Person		rea Code & I	Daytime Telephone Number
	REET/COURIER ADDRESS:		ang addri	
	Registration Section Registration Section Division of Corporations Division of Corporations			
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327			
266	1 Executive Center Circle lahassee, Florida 32301		assee, Florida	32314
Enc	closed is a check for the following	g amount:		
- 5	25 Filing Fee	□ \$55 F	Filing Fee & C	ertifi e d Copy
NHS18 (2/1	4) .			

(((H15000184691 3)))

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.

ι.	Νε	me of the limited liability company: Prederic Fekkai Pe	olm E	lench, LLC	
	(a)	301 Australian Ave		(b) PO Box 5	99
~.	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(V)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		C/O Brazillan Court Hotel		C-10	
		Palm Beach, PL 33480	-	Cincinnat	i, OH 45201
		March 17, 2003		L03000009	507
3.		Date of filing/registration in Florida	- 4.		Document number
5.	(a)	CT Corporation System			3> c
J .	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			15 JUL 30 AM 8: 42 SLUKE JARY OF STATE ALLAHASSEE, FLORIO
		Registered Office Address MIUST BE PLORIDA STREET	(D <u>D</u> R	RZZI	- SSS
		1200 South Pine Island Road		_	
		Plantation , FL	3332	4	AM 8: 42 OF STATE E. FLORIO
	(b)	NRAI Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered			- ROA
		NEW Registered Office Address:		·	-
		1200 South Pine Island Road			
		Plantation , FL	3332	1	-
tlia ago	ent v ent v is/we	mited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the r bilit f the	egistered offic y company, it Timited liabili	te and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		luh a. B		Carlos A	. Mas, Esq.
		ure of a member or buthorized representative of a member			Printed or typed name of signes
NI By	ξλίξ :	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change. The writing of this change.	ce to perfor lereb	act in this cap prinance of my in Chapter 60 y confirm thai	pacity, I further agree to comply with the dules, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
SI	gnalu	c of Registered Agent Natallo Leiba Paul - Special Assistant Secretor	y		
		Division of Compositions P.O. F	iny 6	327 Tullsha	8900. XI. 32314

FILING FEE: \$25.00

INH\$18 (2/14)