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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

| 1. The name of the limited liability company is: Rayo/Lerma Holdings 6, LLC | | | | | |
|--|--|--|---|--|--|
| 2. The mailing address of | the limited liability company is | 4331 Southwest 160 | Oth Avenue, # 103, | | |
| Building 4, Miramar, FL | | | | | |
| | | | | | |
| 06/13/2003 | | L03000021517 | <u> </u> | | |
| 3. Date of filing/registration | on in Florida | 4. Document numbe | r | | |
| 5. The name of the register Florida Department of S | | ee address as shown on t | he records of the | | |
| | Olga Lerma | <u> </u> | ₽ f | | |
| | Name 4331 Southwest 160th Ave., | # 103, Building 4 | | | |
| Address Miramar, FL 33027 | | | | | |
| City, State and Zip | | | | | |
| 6. The name and address of | of the new registered agent and/o | r office: | 03 NOV 12 | | |
| | Angel Rayo | general come of the first of th | · in the second second | | |
| | 168 15 SW 36 H | st. | AH 9: | | |
| | Florida street address (P.O. Bo | x NOT acceptable) | 52 | | |
| | Miramar FL | 33027 | 3 | | |
| City, State and Zip | | | | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member) (Printed or typed name of signee) | | | | | |
| TOMAN | intment as registered agent and a s of all statutes relative to the pr d accept the obligations of my po his document is being filed to me that the limited liability compan | | city. I further agree to ormance of my duties, on the sprovided for in the registered office riting of this change. | | |
| (Signature of the state of Agent) Divisio | n of Corporations, P.O. Box 63 | 327, Tallahassee, FL 32 | 2314 | | |
| NHS18(10/99) | FILING FEE: | \$25.00 | | | |