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	(Requestor's Name)					
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PICK-UF	P					
	(Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

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EXAMINER

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ALLAHASSEE FLORE

CORPORATE ACCESS, INC.

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236 East 6th Avenue . Tallahassee, Florida 32303

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SPECIA	L INSTRUCTIONS:		
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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	1 LC ::	USA Holdin	95, LLC	
2. The mailing address of			,	(1	Suite 850
<u>Aventura</u> FL			,	J	
3. Date of filing/registration			LO3000	0035907 number	
5. The name of the register Florida Department of S		Acress, Fr	۱۲۰	n on the reco	ords of the STATE STATE STATE
6. The name and address of		Name	office:	Averhance, F	ア
-	City,	FL State and Zip	•	_	
If the limited liability componitive confirmed that after the charand the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member or authorized.	inge or changes are not not registered agent who was a confirmed that the liability company or the limited liability of the liabilit	made, the Flowill be identice change(s) we as otherwise company.	ws of the State or rida street addre al. Or, in the ca vas/were authori provided in the	f Florida, it iss of the regise of a Florid zed by an after articles of o	is hereby istered office da limited firmative vote of rganization or
(Printed or typed name of signee) I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to /s/ EVAN BRODY (Signature of Registered Agent)	tment as registered a of all statutes relativ accept the obligatio is document is being hat the limited liabili	agent and agr ve to the prop ns of my posi filed to mere ity company l	ree to act in this er and complete ion as registere ly reflect a char ias been notified	capacity. I je performance e performance ed agent as p ige in the res of in writing c	further agree to te of my duties, rovided for in gistered office of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00