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SECRETARY OF STATE NLLAHASSEE, FLORIDA

OCT 3 1 2013

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Along Business Sevelopment Partner, UC. Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mr. Wicclas Bracharia Name of Person			
Firm/Company			
270 NE 615t Street Address			
MIOMI A 33137 City/State and Zip Code			
PBY (ich or i) Grant Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Alcolos Brachene at (365) 753-1119 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy			

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	der to change its registered office or registered		
1. Name of the limited liability company: 6/6/21/Bu	Islauss Bevelopment Pathnex, LLC		
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 270 NE 615+ Street miami, Fl 33137		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	270 NE 6/5+ Street miami, F1 33/37		
02.14.205	10501:00154/32 8 T		
3. Date of filing/registration in Florida	4. Document number 28 5		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Deptrof State:			
Registered Agent:	Allan Kolhin Cong PA		
Registered Office Address:	1717 N Bayshore Frive		
	MIRE 116 MIGMI, FI 33/32		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:		
NEW Registered Agent:	Nicolos Bachene		
NEW Registered Office Address:	270 NE 61st Street		
(MUST BE FLORIDA STREET ADDRESS)	Mami ,FL 33/37		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(Florida street address of the registered office atical. Or, in the case of a Florida limited		

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 or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent