12/15/2016

Composition of Ostriprations OO Section of Ostripration of Ostripr

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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 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)	Principal office address of limited liability company:	()	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	2665 South Bayshore Drive, Suite 1020		PO Box 330609			
	Coconut Grove, FL 33133-5463		Miami, FL 33233			
	06/12/2006		L06000060019			
,	Date of filing/registration in Florida	4.	Document number			
. (a)						
. (=)	Registered Agent and Registered Office shown on the records MARTIN, PEDRO A	of the Florid	ia Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES!	<u></u>			
	2665 SOUTH BAYSHORE DRIVE, SUITE #1020	₹				
	COCONUT GROVE		5463			
	7	* ~	ن ا⊷*ذ			
(b)	Enter name of NEW Registered Agent and/or NEW Register		ARY ASSE			
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad				
	NRAI Services, Inc.		F.S.I.			
	NEW Registered Office Address:					
	1200 South Pine Island Road		3>			
	Plantation	FL ³³³²⁴				
ne cha gent v as/was/was ne arti	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of street of a member	of the regist liability constants	istered office and the business office of the registed company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in the company of the confirmed that the change is not because of the company of the confirmed that the company of the confirmed that the company of the confirmed that the confirmed			
0.6		agree to act	ct in this capacity. I further agree to comply with nance of my duties, and I am familiar with and ac Chapter 605, F.S. Or, if this document is being fi confirm that the limited liability company has bee			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)