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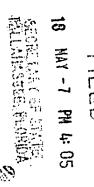
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COVER LETTER

Division of Corporations				
Novecento Intellectual Prop	perty LLC			
- · · · · · · · · · · · · · · · · · · ·	me of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
Marta Garcia				
Name of Person				
RC Law LLP				
Firm/Company				
175 SW 7th Street, Suite 1711				
Address				
Miami, Florida 33130				
City/State and Zip Code				
marta.garcia@rclawllp.net				
E-mail address: (to be used for future an	nual report notification)			
For further information concerning this matter	r, please call:			
Marta Garcia	786 725-5728			
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			
INHS18 (2/14)				

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.

1. Na	me of the limited liability company: Novecento In	tellectual Prope	erty LLC
2. (a)	1333 South Miami Ave	(b) 1333 S	South Miami Ave
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite # 306	Suite #	² 306
	Miami, FL 33130	Miami,	FL 33130
	10/31/2007	L07000	110706
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Hernan Caeiro		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:
	1333 South Miami Ave		
	Registered Office Address (MUST BE FLORIDA STREET) Suite #306	ADDRESS)	
	Miami	33130	_
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	_
(b)	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
	1201 Hays Street		NAY F
	NEW Registered Office Address:		
	Tallahassee, FL	32301	-
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members colors of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
6:			Heman Caeiro
	ture of a member or authorized reposentative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I will be address. I will be a change in the registered office address.	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed nt the limited liability company has been
	Nickelsen, Asst. VP.		
Signatu	re of Registered Agent		