109000120763

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MAY 27 2014 C. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmes1@cscinfo.com

Date: May 12, 2014

Order#: 107782/010

Re: ELLICOTT NORTH AMERICA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Holmes c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

	ame of the limited liability company: ELLICOTT NO		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2601 S. Bayshore Dr., #1700		2601 S. Bayshore Dr., #1700
	Miami, FL 33133		Miami, FL 33133
	12/16/2009		L09000120763
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>
	2601 S. Bayshore Dr., #1700		환유 근
	Miami , FI	33133	
(b)	Corporation Service Company		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ldress:
			Idress: PLONDA 27
	1201 Hays Street		
	NEW Registered Office Address:		
		,	
	Tallahassee , FI	32301	I
the ch agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis ability con of the limi limited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
Sign	siture of a methber or authorized representative of a member	Neve	ven Brail, Manager Printed or typed name of signee
I here provis the ob to men notifie	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in friting of this change. The of Relistered Agent Corporation Service Company		· · · · · · · · · · · · · · · · · · ·
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25:00