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JUN 0 5 2014 C. CARROTHERS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EB-5 FINCING MANGAIMENT ILC. 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:
Rodrigo Azpuruci Name of Person
EB-5 Financing Management LLC Firm/Company
201 South Biscayne Blvd. Suite 905 Address
Miami, Florida 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROOTIGO ACPUTUO at (BD5) 433-3397 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\square\$ \$55 Filing Fee & Certified Copy
INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ON DOTAL OF 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.

rioriau.	
1. Name of the limited liability company: <u>FB-5 Fin</u>	ancing lianagement LLC.
2. (a) 201 South Biscourne Blvd. Suite 905	(b) 201 South Biscourne Blvd. Suite 905
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami, Florida 33131	<u> </u>
101/12010	L10000102989
3. Date of filing/registration in Florida	4. Document number
s. (a) Montero Tulian F.	
Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State:
1441 Brickell Avenue 15th	F100V
Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)
<u> Miami</u> FL	
Manai Anga Ha	
(b) MICMI, AGAGI UC Enter name of NEW Registered Agent and/or NEW Registered C	Office address:
21.10	
201 South Bisagure Blvd. S. NEW Registered Office Address:	<u>uhl 905</u>
Registered Office Address.	
Miami, FL	33131
If the limited liability company is not organized under the law	s of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of a agent will be identical. Or, in the case of a Florida limited lial	the registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the limited liability company or as otherwise provided in
y/\umaterial	RODVIGO ACPULLO Printed or typed name of signee
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 agre	the to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have	for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Notifiedfin writing officis change.	

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