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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 101 Down own

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:

Alexander Thoma

International Investment Group

S.E ISI Street, Suite's

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

| Name of the limited liability company: 101 Down | 040110 1)(|
|---|---|
| (a) 114 S.E. 1St Street Suite 3 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Gaines Ville, FL 32601 | (b) 1145.E 1st Street suite3 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (noines Ville F1 3260) |
| 01/19/1201/ | L11060007676 |
| | 4. Document number |
| (a) 101 Management Group, LC Registered Agent and Registered Office shown on the records of the 114 S.E. 154 Street Juite Registered Office Address (MUST BE FLORIDA STREET ADI CacineSville FLORIDA STREET ADI (b) 101 Hospitalty Company LLC Enter name of NEW Registered Agent and/or NEW Registered Office Address: + 102 - 378 | 3 |
| | |
| Gainesville , FL | 32606 |

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 605, 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