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## LLC REGISTERED AGENT CHANGE M&M DORAL INVESTMENTS, LLC

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Y SULKER

## 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.

. Na	me of the limited liability company:  M&M Doral In	ivescrients, LEC	
2. (a)	·	(р)	
,,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	.,	Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2665 South Bayshore Drive, Suite 1029	РОВ	ox 330609
	Coconut Grove, FL 33133-5463	Miam	ni, FL 33233
	04/04/2011	, T.1100	· /0040153
·.	Date of filing/registration in Florida	4.	Document number
•		·	
i. (a)	Registered Agent and Registered Office shown on the records		
	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	if State:
	MARTIN, PEDRO A		<u></u>
	Registered Office Address (MUST BR FLORIDA STREE	TADDRESSI	
	2665 S. HAYSHORE DRIVE, SUITE #1020		<u> </u>
	COCONUT GROVE	FL_33133-5463	DEC 1.5
			— SE 5
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	NRAI Services, Inc.		
	NEW Registered Office Address:	w	
	1200 South Pine Island Road		
			<del></del>
	Plantation	FI. 33324	
			<del></del>
l	Plantation  mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cless of organization or the operating agreement of the street of the stre	laws of the State of of the registered of I liability company as of the limited lize the limited liability	office and the business office of the re, it is hereby confirmed that the chanability company or as otherwise proving company.
1		Davi	MMY1V Printed or typed name of signee
	tire of a member or authorized representative of a member		• •
hereb rovisio re obli	by accept the appointment as registered agent and completed in the proper and th	agree to act in this ete performance of idea for in Chapte . I hereby confirm	s capacity. I further agree to comply with t. f my duties, and I am familiar with and acc r 605, F.S. Or, if this document is being fil that the limited liability company has been
onified	Pin writing of this change. Services, Inc. Late Wansels	, ,	

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

INUS18 (2/14)