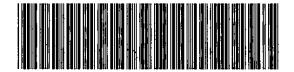
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S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: MATRIX TT3, LLC						
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:					
RAQUEL DAWSON, CPA						
Name of Person						
DAWSON & ASSOCIATES, C.P.A., P.A.						
Firm/Company						
3250 MARY STREET, SUITE 301						
Address	<u> </u>					
MIAMI, FL 33133						
City/State and Zip Code						
RDAWSON@FLACPA.COM						
E-mail address: (to be used for future annual report r	notification)					
For further information concerning this matter, please call	:					
RAQUEL DAWSON 305	443-1500					
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. N	ame of the limited liability company: MATRIX TT3,	LLC				
2. (a)	15811 COLLINS AVENUE		(b) 15811 COLLINS AVENUE			
<b>-</b> . (-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  UNIT 3307	_	`	Mailing address of limited liability (Note: MAY BE POST OFFIC		<del></del>
	SUNNY ISLES, FL 33160	_	SUNNY	ISLES, FL 33160		<del></del>
	05/10/2011		L110000	55126		
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida TARACIDO, NELSON ESQ	4.		Document number		
J. (u)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>22)</u>	-		4
	MIAMI ,FL	3317	4		5	
(b)	RAQUEL DAWSON, CPA			<u>-</u>	MAY 31	2. C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		PH	- <u>12</u> 1-
	3250 MARY STREET, SUITE 301				က် 	<u></u>
	NEW Registered Office Address:			-	99	
	MIAMI, FL	3313	3	-		
the cha agent v	imited liability company is not organized under the law unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility (	gistered office company, it is	e and the business office of the shereby confirmed that the c	he regist hange(s	tered
	/ \mu/\	G	ASTON CF	RUZAT LARRAIN		
I here provisi the obl to mer notifier	ture of a member of authorized refresentative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p teations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.  Of Registered Agent	ee to ac perform I for in ereby	ct in this cap nance of my Chapter 605 confirm that	Printed or typed name of signee acity. I further agree to com duties, and I am familiar witi, F.S. Or, if this document is the limited liability company	ply with h and ac s being j has bee	the ecept filed en
_				TT 20044		

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