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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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S. WARREN

OCT 20 2016

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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.

LIMITED LIABILITY COMPANY

1.	Ňa	ame of the limited liability company: Neri Carillon	Beach	۱ L	LLC.
2.	(aš	c/o Hal J. Webb, Bilzin Sumberg et al.		(b)	_{b)} c/o Hal J. Webb, Blizin Sumberg et al.
	\- -7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1450 Brickell Ave., 23rd Floor			1450 Brickell Ave., 23rd Floor
		Mlami, FL 33131			Miami, FL 33131
		08/24/2011		L	L11000100186
3.		Date of filing/registration in Florida	4.	`-	Document number
5.	(s)	The Cantor Group Corporate Services LLC			
	1-7	Registered Agent and Registered Office shown on the records of	he Flori	da	a Dept. of State:
		2601 South Bayshore Drive, Suite 1800			
		Registered Office Address MUST RE FLORIDA STREET	DDRE	SS)	<u>D</u> .
		Miami , FL	3313	3	
	(b)	Capitol Corporate Services, Inc.			
	• -	Enter name of NEW Registered Agent and/or NEW Registered	Office (ıdd	dress:
		155 Office Plaza Dr. Suite A			TARY OF S
		NEW Regimered Office Address:			9 57 STATE ORIDA
		Taliahassee , FL	3230	1	.,
the age was the	cha nt w we arti-	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lin re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ure of a member or authorized representative of a member	the region of the limited	glat cor mit lii org	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. rge Neri Printed or typed name of signee
	الإ	by accept the appointment as registered agent and agrous of all statules relative to the proper and complete leations of my position as registered agent as provide ity reflect a change in the registered office address; I it in writing of this change.	ee to a perfor i for in ieruby	et i ing i Ci cpi	t in inis capacity. I further agree 19 comply with the ance of my duties, and I am familiar with an end I am familiar with an end I am familiar being filed on firm that the limited liability company has been

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

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