12/15/2018

Division of Corporations

Florida Department of State

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE
TERRA M & M HOLDINGS, LLC

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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.

. (4)		(b)	
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2665 South Bayshore Drive, Suite 1020	РО Вох	: 330609
	Coconul Grave, FL 33133-5463	Miami,	FL 33233
	10/10/2011	L110001	15660
٠,	Date of filing/registration in Florida	4,	Document number
. (a)			
	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of S	liate:
	MARTIN, PEDRO A		
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	2665 SOUTH BAYSHORE DRIVE, SUITE #1020		ADDRESS)
	COCONUT GROVB	L_33133-5463	12 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			D ABVL
(b) .	Enter name of NEW Registered Agent and/or NEW Register		_ ma _ m
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		FL D
	NRAI Services, Inc.		PEC 'S A 10: 25 RETARY OF STATE ANASSEE, FLORID
	NEW Registered Office Address:	··	- Dm 01
	1200 South Pine Island Road		
	Plantation , F	L_33324	
те сћи	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members class of organization of the operating agreement of the unember of the operation	of the registered offi liability company, it of the limited liabil e limited liability co	ice and the business office of the regist
<u></u>	uro jit ermomnorjar authorized representativa of a thember		ration or typed name of signed
_	ry accept the appointment as registered agent and as of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, in writing of this change. Services, Inc.	gree to act in this ca	spacity. I further agree to comply with by duties, and I am familiar with and ac-

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

INHS18 (2/14)