Florida Department of State

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LLC REGISTERED AGENT CHANGE **BOLDUC FAMILY MANAGEMENT COMPANY, LLC**

| Certificate of Status | 0 | 2818 |
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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.

| ı. | Na | Name of the limited liability company: BOLDUC FAMILY MANAGEMENT COMPANY, LLC | | | | | | | |
|-----------------------------------|-----------------------------------|---|---|-----------------------------------|--|---|--|------------------------------------|--|
| 2. (| (a) | 6857 GRANADA BLVD. | | (b) SAME AS PRINCIPAL | | | | | |
| ` | , | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | /I: | (0) | | Mailing address of l | | | |
| | | CORAL GABLES, FL 33146 | · | | <u> </u> | | | | |
| | | 10/22/2011 | | | L11000 | 120720 | | | |
| 3. | | Date of filing/registration in Florida | 4 | | | Document num | ber | | |
| 5. | (a) | Anthony T. Golden | | | | | | | |
| | | Registered Agent and Registered Office shown on the record | | Dept. of State | - c; - | | | | |
| | | Registered Office Address MUST BE FLORIDA STRI | <u>EET ADD</u> | RESS) | | | | | |
| | | Coral Gables . M&M RA Services, LLC | , FL 33 | 134 | | TORE TAK | 19 18 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° | Y | |
| (Ъ | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | - 'th' - 'S | | m | | |
| | | 3001 SW 3rd Avenue | | | FLORIO | A Di I | O | | |
| | | NEW Registered Office Address: | | | | Or P | | | |
| | | Miami | _ FL_33 | 129 | | <u> </u> | | | |
| the age | cha nt v √w | imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of | ss of the ed liabili ers of the | regist ity cor e limi | ered office npany, it i ted liabilit | e and the busine s hereby confin y company or a | ess office ned that | of the registered the change(s) | |
| | | ture of a member of authorized representative of a member | _ | | David | TE · MANA Printed of typed 1 | D of size | onee | |
| I h. pro the to n not | ere visi obi ner ifie | by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office address of my reflect and the control of this change. The of Registered Agent | d agree t plete per vided fot ss, I here | o act forma r in C by co | in this cap nce of my hapter 602 nfirm that | acity I further | aoree ta | comply with the | |

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