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Account Name : AVILA ROBRIGUEZ HERNANDEZ MENA & FERRI LLP

Account Number : I20070000136 Phone : (305)779-3564 Fax Number : (305)779-3561

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## LLC REGISTERED AGENT CHANGE DOMUS PRIME SERVICES 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 608.416 or 608.508, 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.

. Name of the limited liability company: Domus Prime Services LLC		
2. (a) Principal office address of limited liability compan	y: 1001 Brickell Bay Drive	
(Note: MUST BE STREET ADDRESS)	Suite 1716 Miami; FL 33131	
(b) Mailing address of limited liability company:	1001 Brickell Bay Drive	
(Note: MAY BE POST OFFICE BOX)	Suite 1716 Miami, FL 33131	
December 19, 2011	L11000141870	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Cleuber Lopes	
Registered Office Address:	2333 Brickell Avenue Suite D1 Miaml. FL 33129	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1001 Brickell Bay Drive Suite 1716 Miami art 33133	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signalure of a member or authorized representative of a member.  Nee A HORTADO Frinted or typed name of signee.  I have by account the appointment of heristered agent and pages to act in this capacity. I further agree to		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		

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

INHS18 (05/08)

Signature of Registered Agent