

Florida Department of State  
 Division of Corporations  
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L11000142539

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To: Division of Corporations  
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From: Account Name : NEIMAN & INTERIAN, PLLC  
 Account Number : 120180000010  
 Phone : (305)530-9400  
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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.\*\***

Email Address: [rabad@niflalaw.com](mailto:rabad@niflalaw.com)

**LLC REGISTERED AGENT CHANGE  
 ARW WATERS EDGE, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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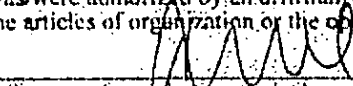
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 603.0114 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. Name of the limited liability company: <b>ARW WATERS EDGE, LLC</b>                                                                                                                                                                                                                                     |                                                                                                                                 |
| 2. (a) <b>20803 BISCAYNE BOULEVARD,</b><br>Principal office address of limited liability company:<br>(Note: <u>MUST BE STREET ADDRESS</u> )                                                                                                                                                               | (b) <b>20803 BISCAYNE BOULEVARD,</b><br>Mailing address of limited liability company:<br>(Note: <u>MAY BE POST OFFICE BOX</u> ) |
| <b>SUITE 501</b>                                                                                                                                                                                                                                                                                          | <b>SUITE 501</b>                                                                                                                |
| <b>AVENTURA, FL 33180</b>                                                                                                                                                                                                                                                                                 | <b>AVENTURA, FL 33180</b>                                                                                                       |
| <b>12/20/2011</b>                                                                                                                                                                                                                                                                                         | <b>L11000142539</b>                                                                                                             |
| 3. Date of filing/registration in Florida                                                                                                                                                                                                                                                                 | 4. Document number                                                                                                              |
| 5. (a) <b>LAMONT NEIMAN &amp; INTERIAN</b><br>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:<br><b>2020 PONCE DE LEON BLVD.,</b><br>Registered Office Address (Note: <u>MUST BE FLORIDA STREET ADDRESS</u> )<br><b>SUITE 1005-B</b><br><b>MIAMI, FL 33134</b> |                                                                                                                                 |
| (b) <b>NEIMAN &amp; INTERIAN, PLLC</b><br>Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :<br><b>2020 PONCE DE LEON BLVD.,</b><br><u>NEW Registered Office Address</u> :<br><b>SUITE 1005-B</b><br><b>CORAL GABLES, FL 33134</b>                                   |                                                                                                                                 |

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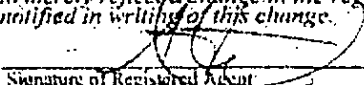
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

**Carlos Berner, Manager of Manager**

Printed or typed name of signer

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 605, 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.

  
Signature of Registered Agent

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

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