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Account Number : 075350000353 Phone : (800)221-2972 : (718)889-7420 Fax Number

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LLC REGISTERED AGENT CHANGE KRYSTIAN SANTINI 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.

1. N	ame of the limited liability company: KRYSTIAN S	ANTIN	II LLC			
2. (a)		(ь) 8700 S	imited liability cor POST OFFICE I	пралу: \$ <i>02</i> 0	
	MIAMI FL 33176		MIAMI	FL 33176		
	04/09/2012		L12000	048006		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	Registered Agent and Registered Office shown on the recurds of KRYSTIAN SANTINI Registered Office Address (MUST BE FLORIDA STREET 8700 SW 96 ST		. <u></u>			73
	MIAMI , FI			_	AELAHASCI	
(ъ)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ddress:	_		л <u>Г</u>
	ERIC GOLDMAN P.A.			_	~· ~. (. (on C
	NEW Registered Office Address: 318 SE 8TH STREET					<u>표</u>
	FT. LAUDERDALE FI	3331	S			
the ch agent was/w the and Sign; I here provis the men notifie	limited liability company is not organized under the la ange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the number of a member or authorized representative of a member object the appointment as registered agent and age it is a complete the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of all stalutes relative to the proper and complete ligations of a provider ligation of this change.	ws of the fine fine fine fine fine fine fine fin	e State of Fristered officempany, it mited liability correctly statement of the statement o	is hereby confirm ity company or as impany. SANTINI Printed or typed n	as office of the ned that the che s otherwise pro	onge(s)
X Signati	ure of Registered Agent					

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