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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.

. 14	ame of the limited liability company:	22110, 22					
			b)				
. ()	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	(b)					
	2665 South Bayshore Drive, Suite 1020		PO Box 330609				
	Coconut Grove, PL 33133-5463		Miarrai, FL 33233				
	04/27/2012		L1200005	7750			
	Date of filing/registration in Florida	4.		Document number			
(a)							
5. (a)	Registered Agent and Registered Office shown on the records of MARTIN, PEDRO A	the Florida	a Dept, of St	tate:			
	Registered Office Address MUST BE FLORIDA STREET	_					
	2665 SOUTH BAYSHORE DRIVE, SUITE #1020	. ~3					
	COCONUT GROVE , FI	33133-5	463	2016 DEC 15 AM			
				AFR. CC.			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	0.65		- ASS 5			
	Enter name of NEW Registered Agent and/or NEW Regulared	Oluce na	(01e22)	138			
	NRAI Services, Inc.			F.F.			
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Pluntation . FI	33324					
te cha gent v /as/w te art	imited liability company is not organized under the latenge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light or authorized by an affirmative vote of the members of loles of organization or the operating agreement of the stury of a member of authorized representative of a member by accept the appointment as registered agent and agricons of all standards relative to the proper and complete lightlons of my position as registered agent as provided by reflect a change in the registered office address, if a member of this change.	f the reginability exports the limited	stered officompany, it nited liabil liability co	ice and the business office of the register is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee			

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

INHS18 (2/14)