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TO:	Registration Section Division of Corporations					
SHRII	AMERICAN NET VALUE LL	c				
SUBJECT: Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the following:				
z.bola	anos@amicorp.com					
	Name of Person					
Amic	orp Corporate Services LLC					
	Firm/Company					
1001	Brickell Bay Drive, Suite 2908					
	Address					
Miam	ii, FL 33131					
	City/State and Zip Code					
vl_us	asupport@amicorp.com					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter,	please call:				
Zully	Bolanos	+1305 3003921				
	Name of Person	Area Code & Daytime Telephone Num	ber			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAJLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHST	8 (2/14)					

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.

L N	arne of the limited liability company:	NET VALUE L	LC	·	
2. (a)	1001 Brickell Bay Drive	_(b) 1001	(h) 1001 Brickell Bay Drive		
	Principal office address of limited liability company. (Nate: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability co (Note: MAY BE POST OFFICE)	•	
	Suite 2908	Suite	2908		
	Miami, FL 33131	Miam	ni, FL 33131		
	06/18/2012	L1200	0080435		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Amicorp Fiduciary Services LLC				
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
	1001 Brickell Bay Drive				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			
	Suite 2908				
	Miami	33131	· 	T)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			88	
(b)	Amicorp Corporate Services LLC			5	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	1001 Brickell Bay Drive			<u> </u>	
	NEW Registered Office Address:			c ò	
	Suite 2908		. 	54	
	Miami	_33131			
					
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	If the registered o iability company, of the limited lial limited liability	ffice and the business office of the it is hereby confirmed that the ch bility company or as otherwise pro company.	e registered lange(s) ovided in	
<u> </u>		<u>س \Andre Ed</u>	Printed or typed name of signee	· Onetwh do	
I here provis the ob	where of a member or authorized representative of a member of a member of authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I am writing of this change.	ree to act in this e performance of ed for in Chapter hereby confirm t	•••	ly with the and accept being filed has been	
Signati	ure of Registered Agent				