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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: Monument Re	al Esta	
2. (a)		(b)
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2675 South Bayshore Drive, Unit 300-S		2675 South Bayshore Drive, Unit 300-S
	Coconut Grove, FL 33133		Coconut Grove, FL 33133
	06/27/13		L13000092412
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of State:
	Stuart S Zook		
	Registered Office Address (MUST BE FLORIDA STREET		
	2675 South Bayshore Drive, Unit 300-S		SE
	Coconut Grove, F	L <u>3313</u> 1	SECRE APR 30
(b)			30 F
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:
	CCS GLOBAL SOLUTIONS, INC.		
	NEW Registered Office Address:		
	155 Office Plaza Drive, 1st Floor		
	Tallahassee	г 3	2301

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.

/s/ Stuart Zook

Stuart Zook

Printed or typed name of signee

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.

/s/ Joanne Caswell Assistant Secretary
Signature of Registered Agent

Signature of a member or authorized representative of a member

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