12/15/2018



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To: Page 4 of 4

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, Flortda 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.

(v)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Yote: MAY BE POST OFFICE BOX)				
	2665 South Bayshore Drive, Suite 1020		PO Box				_
	Coconut Grove, FL 33133		Miami, F	² L 33233			
	07/12/2013		L1300009	99288			
	Date of filing/registration in Florida	4.		Document	number		
(a)							
(4)	Registered Agent and Registered Office shown on the records	of the Plorida	Dept. of St	ate:			
	Registered Office Address (MUST RE FLORIDA STRE	ST ADDRESS					
	2665 S BAYSHORE DR SUITE 1020						
	COCONUT GROVE	FL_33133			TAL Si	2016	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_		<u> </u>	-7
(b)					\$ 2	930	
	Enter name of NEW Registered Agent and/or NEW Register	red Office add	resa:		CRETAR) LAHASSI		
	NRAI Sorvices, Inc.				M M M	7 7	Ţ,
	NEW Registered Office Address:				SIATE	÷	ζ.
	1200 South Pine Island Road				REAL	Ċ)	
					A	2	
	Plantation	FL_33324					

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