## 4/3000/2525

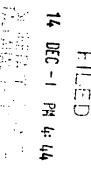
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LLC PA Chamf 12-16-14

## 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.

1.	Na	me of the limited liability company:	Silverbrook	Prope	rties L	LC				
2	(a)	Trident Chambers, Wickhams Cay	y l	(b) 450 Park Ave., 32nd Floor						
	(4)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI		_ ("	,	-	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Road Town, Tortola, British Virgi	n Isiands	-	New	York, NY 10	022			
		September 4, 2013		<b></b>		0125255				
3.		Date of filing/registration in Flo	orida	4.		Document	number			
5.	(a)	NRAI Services, Inc.								
		Registered Agent and Registered Office shown o				State:				
		Registered Office Address (MUST BE FLOW) 1200 South Pine Island Road	RIDA STREET AL	<u>DDRESS</u>	2		77.			
						<del></del>		4		r
		Plantation	, FL_	3324			社員	330		
	(b)	Clyde O'Baker	<del>.</del> .					1	声	t.
		Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered C	Office ad	<u>dress</u> :			Σ.		
		O'Baker & Lepird						轨动		
		NEW Registered Office Address:						<b>-</b> -		
		447 Lake Howell Road				<u>-</u>				
		Maitland	, FL_3	32751						
the age	cha ent v is/wo	mited liability company is not organized nge or changes are made, the Florida strovill be identical. Or, in the case of a Florer authorized by an afternative vote of the cles of organization or the operating agree.	eet address of the da limited liab he members of	he regi oility co the lin	stered of ompany, nited lial	ffice and the bu , it is hereby co bility company	usiness off infirmed th	ice of at the	the regi	stered (s)
		#X/	<del> </del>		NAN					
		ure of a member of authorized representative of a					yped name of	_		
I i pro the to no	herei ovisi e obl meri tified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered officiently provided by the change of this change.	agent and agre and complete p int as provided ce address, I he	e to act erform for in t ereby c	t in this ance of Chapter onfirm t	capacity. I fur my duties, and 605, F.S. Or, that the limited	ther agree I am famil if this doci liability co	to coi liar wi iment ompar	mply wit ith and a is being iy has b	th the accept g filed een
Si	gnatu	re of Registered Agent	<del></del>							