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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.	Na	me of the limited liability company: GRAND BAY 190	2 LLC			
2. (a)	1395 BRICKELL AVE	d	b)	1395 BRI	ICKELL AVE
(ш у .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 720			STE 720	
		MIAMI,FLORIDA 33131	- -		MIAMI,F	FLORIDA 33131
		09/10/2013		ſ	.13000127	17876
3.		Date of filing/registration in Florida	4.	_		Document number
5. ((a)	CF REGISTERED AGENT, INC				
<i>J.</i> (c	(41)	Registered Agent and Registered Office shown on the records of the 100 S ASHLEY DR	ne Florid	la [Dept. of Stat	ate:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		STE 400				2021 SEC
		TAMPA , FL	33602			PIL 2021 NOV -5 SECRETARY
(b)	OLE SERVICES LLC				, , , , , , , , , , , , , , , , , , ,
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		1395 BRICKELL AVE	_			
		NEW Registered Office Address:			_ _	
		STE 720				_
		MIAMI , FL	33131			
char ager was	ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egister oility co the lin imited	red om nit lia	office an pany, it is ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Si	gnat	ure of a member or authorized representative of a member				Printed or typed name of signee
prov the o	risio obli tere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I hi I in writing of this change.	e to act erform for in C creby c	t ii lan Ch on	n this cape ice of my e apter 605 firm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Sign	atui	re of Register Cont				