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Division of Corporations

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**Enter the email address for this business entity to be used; for future annual report mailings. Enter only one email address please.* Email Address:

LLC REGISTERED AGENT CHANGE **MIZNER 200 LLC**

2816 MAY -6

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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.

	ame of the limited liability company:			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1000 S Pine Island Rd, Suite 450			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) c Island Rd, Suite 450
	Plantation, FL 33324		Plantation,	FL 33324
	11/04/2013		L130001561	13
3.	Date of filing/registration in Florida	- 4.	· · · · · · · · · · · · · · · · · · ·	Document number
5, (a)				
J. (a)	Registered Agent and Registered Office shown on the records of CorpDirect Agents, Inc.	the Florid	ia Dept. of State	- !!
	Registered Office Address (MUST BE FLORIDA STREET. 1200 S Pine Island Rd.	1DDRES	<u>'S)</u>	,
	Plantation , FL	33324	······································	2016 HAY SECRET
				2016 HAY -6 SECRETARY NELAHASSEI
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office n	idress:	HAY -6 A I
		331,122,11	2711 - 525	(A)
	NRAI Services, Inc.			
	NEW Registered Office Address:			
	1200 South Pine Island Road			O: 32
	Plantation , FL	33324		
the char agent w was/wc:	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited list re authorized by an affirmative vote of the members of the organization or the operating agreement of the	the regi bility c f the lin	stered office ompany, it is nited liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in
P!		_		ARIK BRONFHAN
	ure of a member or authorized representative of a member			Printed or typed name of signee city. I further agree to comply with th utles, and I am familiar with and acce F.S. Or, if this document is being file he limited liability company has been

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