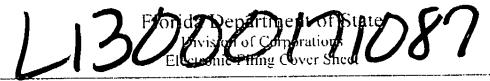
2/2/2018

To:

Division of Corporations



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(((H180000409153)))



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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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.

ν	1)		(b) <u>:</u> *	
		Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company.  (Note: MAY RE POST OFFICE BOX)
		3750 WARY STREET		3253 MARY ST - SUITE 406
		COCONUT GROVE, FL 34133		COTONUT GROVE, FL 11113
		12/10/2013		icoo+71957
	<i>.</i>			Document number
•		Date of filing/registration in Florida	4.	Document unitions
. (	a)	Reduct Kirch		
		Registered Agent and Registered Office shown on the records	s of the Florida Dept. (	of State;
		Registered Office Address IMUST BE FLORIDA STRE	ET ADDRESS)	<del></del> .
		733 SE THE ALENUE #4640	3	
,			and the state of t	
•		Libert .	FL 33121	
•		·	•	: C
(1	b)	Enter name of NEW Registered Agent and/or NEW Registered		بل ۱۰۰۰
•		Enter name of NEW Hegistered Agent annual SEW Repute	Ken (Wilce annies):	
		C.T. Corporation System	w.in	
		NEW Registered Office Address;		<del></del>
		1200 South Pine Island Road		
ė				
		Plantation	FL 33324	· ·

FILING FEE: \$25.00