Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 517-5383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (954)208-0845 r : (614)530 000 Phone Fax Number

**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 **ENERCOM PROPERTIES LLC** Certificate of Status Certified Copy Page Count Estimated Charge

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\$55.00

Signature of Registered Agent

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.

a) .	18555 Collins Avenue, Sunny Isles Beach, FL 33160			(b) 18555 Collins Avenue, Sunny Isles Beach, FL 33 Mailing address of limited liability company					
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` `		Mailing address of limite (Note: MAY BE POS				
		_							
	01/09/2014 Date of filing/registration in Florida	4.	-	.1400000:	Document number				
	De Villiers, Alejandro	٦.			Document number				
a)	Registered Agent and Registered Office shown on the records of the	e Flu	ride l	Jept of Str	etc.				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRI	ESS)				202;		
	Melbourne FL ³	295	l				2022 MAR		
)	C T Corporation System				- -		R 22	7	
· / ·	Enter name of NEW Registered Agent and/or NEW Registered C	Dec	p d d	CER:	•		РН 3		
	NEW Registered Office Address:					71.74 71.74			
	1200 South Pine Island Road				a		7		
	Plantation, FL 3	3324	1						
hai we	mited liability company is not organized under the law- age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida lipaned hat the authorized by an affirmative vote of the proposes of these of organization or the operating agreement of the H thus hatticallines Hatty	of the miss	the Segist cor limited list	ered offic npany, it ted liabili	ce and the business of is hereby confirmed ity company or as oth mpany.	ffice of the that the ch crwise pro	registe ange(s)	red	
nati	ire of a member or authorized representative of a member				Printed or typed name	_		_	
reb isid	y accept the appointment as registered agent and agree has of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to erfo for i	act i rma: n Ci	n this cap nce of my napter 60	pacity. I further agre o duties, and I am fam 15, F.Ş. Or, if this do	e to comp iliar with cument is	ly with and acc being fi	the ept led	