L1400039484

| (Requestor's Name) (Address) | 70025691497 |
|--|----------------------------|
| (Address) (City/State/Zip/Phone #) | L14-39484 Statof Change |
| PICK-UP WAIT MAIL | Start of Change |
| (Business Entity Name) | SECOND IN LANGE |
| (Document Number) Certified Copies Certificates of Status | SEE, FLORIDA |
| Special Instructions to Filing Officer: No Fee required We filed Applicates with ARA Thatis | |

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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|-------------------|--|--|
| SUBJ | MAN+MACHINE HOSPITAL | .ITY MANAG | EMENT LLC | |
| | Nam | e of Limited L | ability Company | |
| Dear S | Sir or Madam: | | | |
| The er | nclosed Registered Agent/Registered Offi | ce Change and | fee(s) are submitted for filing. | |
| Please | return all correspondence concerning thi | s matter to the | following: | |
| WILL | . SHUMAN | | | |
| | Name of Person | | | |
| | · | | | |
| | Firm/Company | | _ | |
| 221 N | NE 17TH STREET | | | |
| | Address | | | |
| MIAN | /II, FL 33132 | | | |
| | City/State and Zip Code | | | |
| WSH | UMAN@TAYARSHUMAN.COM | | | |
| E | E-mail address: (to be used for future ann | ual report notif | ication) | |
| For fu | rther information concerning this matter, | please call: | | |
| WILL | SHUMAN | 202 | 415-8207 | |
| | Name of Person | | Area Code & Daytime Telephone Number | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Rep Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | | | |
| | □ \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | |
| INHSI | 8 (2/14) | | | |

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.

| | ame of the limited liability company: MAN+MACHIN 221 NE 17TH STREET | | | TY MANAGEMENT LLC |
|---|--|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL | - | (b) ZZT NE | 17TH STREET Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) FL |
| | 33132 | - | 33132 | |
| | MARCH 10, 2014 | | L140000 | 39484 |
| 3. | Date of filing/registration in Florida | 4. | <u> </u> | Document number |
| 5 (-) | TAYAR, SHUMAN & ASSOCIATES LI | LP | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the | | ida Dept. of Sta | — te: |
| | 221 NE 17TH STREET | | • | |
| | Registered Office Address (MUST BE FLORIDA STREET AL | DRE | (SS) | - |
| | MIAMI | | | 7.6 |
| | 33132 | | | I4 MAR |
| | | | · · · · · · · · · · · · · · · · · · · | |
| (b) | WILL SHUMAN | | | 8º 5 Fi |
| I | Registered Agent and Registered Office shown on the records of the | Flori | da Dept. of State | |
| | 221 NE 17TH STREET | | | |
| | NEW Registered Office Address: | | | 30 ATE RIDA |
| | MIAMI | | | |
| | 33132 , FL_ | | - | |
| the char agent w was/we the artic | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill 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 linear of a member or authorized representative of a member | of the replication of the second of the seco | ne State of Fl gistered offic company, it i mited liabili | orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany. AN |
| | The state of the s | | | Printed or typed name of signee |
| i nereb provision the obli to mere notified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided if y reflect a change in the registered office address, I he is writing of this change. | e to a erfor for in reby | ct in this cap mance of my a Chapter 60, confirm that | vacity. 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 |
| Signatur | e of Registered Agent | | | |
| | Division of Corporations P.O. Bo FILING FEI | | | ssee, FL 32314 |

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 | ame of the limited liability company: MAN+MACH | NE F | | SPITALITY MANA | AGEMENT LL | .C | |
|---|--|-----------------------------|----------------------------------|--|--|--|----------------|
| 2. (a) | 221 NE 17TH STREET | | (b | 221 NE 17TH S | TREET | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | ` | | ress of limited liabil | | |
| | MIAMI, FL | | | MIAMI, FL | | | |
| | 33132 | | | 33132 | | | |
| | MARCH 10, 2014 | | | L14000039484 | | | |
| 3. | Date of filing/registration in Florida | - 4. | • | Documer | nt number | | |
| 5. (a) | TAYAR, SHUMAN & ASSOCIATES I | LLP | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of | the Flo | rida | Dept. of State; | | | |
| | 221 NE 17TH STREET | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | 4DDR | ESS | 2 | | | |
| | MIAMI | | | | . | - | |
| | 33132 | | | _ | | ÷ MAR | |
| | , FL | · | _ | | <u> </u> | - | 1 |
| (b) | WILL SHUMAN | | | | 120 | 0 | |
| | Registered Agent and Registered Office shown on the records of the | he Flor | ida | Dept. of State: | . <u>ग</u> िति । स्व | | 11 |
| | 221 NE 17TH STREET | | | | 207 | (| |
| | NEW Registered Office Address: | | | | AUDA | 30 | |
| | MIAMI | | | | | | |
| | 33132 .FL | | | | | | |
| the cha agent w was/we the arti- Signat I herel provisithe oblito mere | imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable at each organization or the operating agreement of the cles of organization or the operating agreement of the current of a member or authorized representative of a member one of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if it is writing of this claime. | the reability of the limite | egis co lim ed l VIL | tered office and the bampany, it is hereby coited liability company, it is hereby coited liability company. L SHUMAN Printed or in this capacity. I full | business office of confirmed that the yor as otherwise typed name of signer wither agree to confirmed the confirmed typed name of signer the confirmed typed name of signer the confirmed typed name of signer typed name o | f the regist e change(s provided | ered) in the |
| Signatur | re of Registered Agent | | | | | | |
| | | | | | | | |
| | Division of Corporations P.O. F FILING FI | | | | 32514 | | |