Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000011448 3)))



H160000114483ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (850)205-8842
Fax Number: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Email Address:

LLC REGISTERED AGENT CHANGE TRAVEL WITH CARNET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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.

(,)	Name of the (imited liability company: 1395 Brickett Avenue, Suite 800	···	пк
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, Florida 33131	(b)	Multing address of limited liability company: (Note: MAY BE POST QEFFICE BOX)
	March 21, 2014	L14	000047890
3.	Date of filing/registration in Florida Business Filings Incorporated	4.	Document number
	Registered Agent and Registered Office shown on the records of the State Park Avenue Registered Office Address		t. afStrae:
	Talluhassee		
	·	32301	
(b)	NRAI Services, Inc. Enser name of NEW Registered Acest and/or NEW Registered	Office address	
	NEW Registered Office Address: 1200 South Pinc Island Road		
	Plantation FL	33324	
iine ch agent was/v	limited liability company is not organized under the law sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	es of the Stat the registere bility compa f the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	ature of a mamber or authorized representative of a member		Printed or typed cause of signee
71 7 7 6	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address. I he ad in writing of this change. Services. Inc.		his capacity. I further agree to camply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been ole Chouinard, Asst. Secretary
	ine of Registered Agent		