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K. SALY DEC 1 6 2016

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.

2. (a)) <u>.</u>	(b)	n				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	2665 South Bayshore Drive, Suite 1020	PO Box 330609 Miami, FL 33233					
	Coconut Grove, FL 33133						
	06/23/2014		L14000100421				
	Date of filing/registration in Florida	4.	Document number				
. (a	,						
. (a	Registered Agent and Registered Office shown on the records of	f the Florid	rida Dept. of State:				
	ADLER, ADAM						
	Registered Office Address (MUST BE FLORIDA STREET		<u> </u>				
	2665 SOUTH BAYSHORE DRIVE, SUITE 1020		SECRETALLAND				
	COCONUT GROVE , FI		三				
	,Fl						
(b)			15 1887 1887				
(0)	Enter name of NEW Registered August and/or NEW Registered	d Office ad	address: ™O ≥	;			
			DEC 15 AM 11: 41 CRETARY OF STATE AND SEE. FLORID	•			
	NRAI Services, Inc.		-				
	NEW Registered Office Address:			-			
	1200 South Pinc Island Road		garante Bilde To Jerren				
	Plantation	33324 L_	4				
the	limited liability company is not organized under the la	ws of the	the State of Florida, it is hereby confirmed that	after			
e ch	range or changes are made, the Florida street address of will be identical. Or, ip the case of a Florida limited li	f the regi	gistered office and the business office of the re	gisto ec/s)			
as/w	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	of the lin	imited liability company or as otherwise provide	ded i			
ne ar: سر	ficies of organization or the operating agreement of the	i itmited i	TA A MAGGRA				
Sign	asure of a hember or authorized representative of a member		Printed or typed name of signos				
		rea to m		oith i			
nere Pavis	eby uccept the appointment as registered agent and up stons of all statutes relative to the proper and complete sligations of my position as registered agent as provide rely reflect a change in the registered office address. I red in writing of this change. I Services, Inc.	perform	mance of my duties, and I am familiar with an	d acc			
1	inganons of my position as registerea agem as provide	u jor in	n Crapter 005, 2.5. Or, y this accument to be	beer			
ie ot inei	rely reflect a change in the registered office address. I	nereby c	confirm that the named having company has				

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

INFIS18 (2/14)