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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: URUS GROUP LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Marcial Solis Name of Person					
UNUS GROWP LLC Firm/Company					
16321 S.W. 60 Vermee Address					
MIAMI, FL - 331. City/State and Zip Code	93				
E-mail address: (to be used for future annual repo	th, ver rt notification)				
For further information concerning this matter, please call:					
MARCIAL SOLJS at (305) 790 4877 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (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.

I. Na	me of the limited liability company:URUG	GR	DUP LLC	·
2. (a)	16321 S.W. 60 Terrice		SAME	
. , ,	Principal office address of limited liability company:		Mailing address of	limited liability company:
	(Note: MUST BE STREET ADDRESS)		(<u>Note: MAY BE</u>	E POST OFFICE BOX)
	Miami, FL 33193			
	7-14-2014 Date of filing/registration in Florida		14000	110773
3.	Date of filing/registration in Florida	4.	Document nun	nber
5. (a)	Express Corporate Piline	1 Sorvi	ice Inc	
J. (u)	Registered Agent and Registered Office shown on the records of the	e Florida Dept.		
	John Poull de Love P	old.	Ste 105	
	Registered Office Address (MUST BE FLORIDA STREET AL			
	0 10 11		<u> </u>	
	_Com grafies	35/	14	
	,			
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	Mire address		7
	Enter name of 1457 Registered Agent and/or 1457 Registered of	onec address.		
	10321 S.W. WO TerrA	70		5
	NEW Registered Office Address:			20
		<u></u>		60
	Miami, FL	33 K	12	
If the li	mited liability company is not organized under the laws	s of the State	of Florida, it is hereb	y confirmed that after
agent w	nge or changes are made, the Florida street address of the vill be identical Or, in the case of a Florida limited liab	pility compar	ny, it is hereby confirm	med that the change(s)
was/we	re authorized by an affirmative vote of the members of cles of preading around or the fi	the limited I	iability company or a	s otherwise provided in
the artic	cies of biganization of the oberating agreement of the h	пписа паот		
Signat	ure of a member of authorized representative of a member		Printed or typed i	name of signed
<i>r 1.</i> 1	,	e to act in th	di ammater I Guellan	acusa to someth with the
provisio	ons of all statutes relative to the proper and complete p	erformance	of my duties, and I am	familiar with and accept
to mere	by accept the appointment as registered agent and agreen ons of all statutes relative to the proper and complete pigations of any position as registered agent as provided by reflectly changer in the registered office address, I have the provided of the property of the property of the provided of the p	ereby confirm	n that the limited liab	ility company has been
понред	i in syring py yaspiyange.			
Signatur	re of Registered Agent			