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SCORETANY OF STATE
TALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Section Division of Corporations	,				
TAATAAI LLC SUBJECT:					
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:				
Carmen Del Dago					
Name of Person					
TAATAAI LLC					
Firm/Company					
999 Brickell Bay Drive - Suite # 1901					
Address					
Miami, FL 33131-2933					
City/State and Zip Code					
carmina@taataai.com	•				
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
Carmen Del Dago 30	05 503-3800				
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
2 \$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.

1. N	Iame of the limited liability company: TAATAAI LLC	<u> </u>				
2. (a)	999 Brickell Bay Drive		(b) 999 Brickell Bay Drive			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(6)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite # 1901		Suite #	1901		
	Miami, FL 33131-2933		Miami, I	FL 33131-2933		
	09/05/2014		L140001	39251		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	Carmen Del Dago					
(Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of Sta			
	1385 Coral Way					
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRE	<u>SS)</u>	-		
	Suite # 403					
	Miami , FL	3314	5			
(b)	Carmen Del Dago			7 JUL 7 7 JU		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	- 26 26		
	999 Brickell Bay Drive					
	NEW Registered Office Address:		-	- 5		
	Suite # 1901					
	Miami , FL	3313	1-2933	_		
the chagent was/withe art sign I herrorist the object of the modification of the chage with the change with the chage with the change with the chang	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable and aftermative vote of the members of icles of organization of the operating agreement of the autre of a member or authorized representative of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I have of Registered Agent	the replaintly for the limited in th	gistered offic company, it i mited liabilit I liability cor armen Del ct in this cap mance of my i Chapter 60, confirm that	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in mpany. Dago Printed or typed name of signee vacity. I further agree to comply with the duties, and I am jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00					