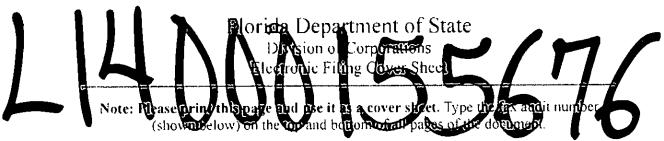
3/23/2021

Division of Corporations



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M. SOLOMON

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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 Statues, 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.

	lame of the limited liability company: 55 MERRICK WAY Suite 406		2505 Second Ave Suit 520			
2 (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)			
	CORAL GABLES, FL 33134 Seattle, W			A 98121		
						
	10/06/2014	_	L14000155			
3. 5. (a)	Date of filing/registration in Florida TOURON, FRANCISCO, III	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	olc		
	Registered Office Address (MUST BE FLORIDASTREET) 55 MERRICK WAY, STE 406	ADDRES:	ù	- -	2021 1	
	CORAL GABLES , FI	33134			MAR 2	
(b)	C T Corporation System			: ; = ; = ; = ; = ; = ; = ; = ; = ; = ;	ω	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office at	dress.	- 100 - 100	PH I2: 29	
	NEW Registered Office Address:			_	_	
	1200 South Pine Island Road	_		_		
	Plantation FI	33324		_		
the cha agent v was/wi	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Sheri Falcon	the regi ability cot the lin- limited	stered offic ompany, it nited liabili	ce and the business office of the r is hereby confirmed that the char ity company or as otherwise provi	egistered gc(s)	
Signa	dure of a member or authorized representative of a member		-	Printed or typed name of signee		
provis the obi to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I afin writing of this change. **Configuration System** Candice Pignataro, Assistant and the configuration of the configuration of the change.	r perjorn rd for in hereby c	iance of my (hapter 60 onfirm that	pacity. I further agree to comply y duries, and I am familiar with ar 95, F.S. Or, if this document is be t the limited liability company ha	with the ad accept ing filed s been	

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Signature of Registered Agent