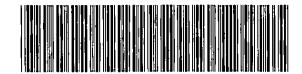
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TO:

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Registration Section

Division of Corporations PALM BEACH PRIME-P-1123-4799-1609 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: Jeremy Auestad Name of Person Firm/Company 667 Hibiscus Address WEST PALM BEACH, FL 33401 City/State and Zip Code susan@rodecker.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan Castellanos Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy **☑** \$25 Filing Fee

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.

l. Na	me of the limited liability company: PALM BEACH	PRI	ME-P-112	3-4799-1609 LLC
2. (a)	PALM BEACH PRIME-P-1123-4799-1609 LLC	LLC (b) PALM B		BEACH PRIME-P-1123-4799-1609
<u>-</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	17284 NEWHOPE ST., #222	_	17284	NEWHOPE ST., #222
	FOUNTAIN VALLEY, CA 92708	_	FOUNT	AIN VALLEY, CA 92708
	10/15/2014		L140001	61194
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CAREY LAW GROUP, P.A.			
). (a)	Registered Agent and Registered Office shown on the records of the	e Florio	da Dept. of Sta	ute:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	SS)	- <u>56</u> 6
	1401 FORUM WAY STE 210			_
	WEST PALM BEACH	3340	<u> </u>	一個一品
(b)	Jeremy Auestad			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ddress</u> :	: 52
	NEW Registered Office Address:			_
	667 Hibiscus			_
	WEST PALM BEACH , FL 3	3340	1	_
the cha agent v was/wo	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he reg pility of the li imited	gistered offic company, it mited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had d'in writing of this change.	e to a perfori for in erchy	ct in this ca nance of m Chapter 60 confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accepts, 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

Signature of Registered Agent