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LLC REGISTERED AGENT CHANGE UBER BUILDINGS, LLC

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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 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	ome of the limited liability company: UBER BU	ILDI	NGS, LLC	
2	(a)	6538 Collins ave	(h)	, 6538 Collins ave	
٠.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Unit 205		Unit 205	
		MIAMI BEACH, FL 33141	-	MIAMI BEACH, FL 33141	
		10/28/14	<u> </u>	L14000167383	
3.		Date of filing/registration in Florida	4.	Document number	
5	(a)	UNITED STATES CORPORATION AGENTS.	, INC.		
.,.	(11)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:	
		5575 S. SEMORAN BLVD			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		SUITE 36		200	
		ORLANDO, FL3	32822	F1L	
(b) Registered Agents Inc.					
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH I2: 35	
		7901 4th St N		35 	
		NEW Registered Office Address:			
		STE 300			
		St. Petersburg	3702		
the ag wa the	e cha ent v is/we e arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	he regis sility co the limi mited li	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided in	
<u> </u>	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
I i pri the	herei ovisi e obl meri	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act erforma for in C ereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent