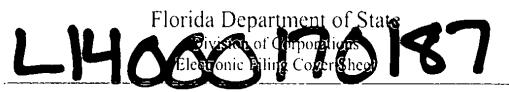
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000336330 3)))



H230003363303ABCX

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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K. Bunuples

H23000336330 3

	COVER	LETTER
TO: Registration Section Division of Corporations		
SIB 17730, LLC SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to th	e following:
Mary Castillo		
Name of Person		
Registered Agent Solutions, Inc.		
Firm/Company		
Corporate Center One, 5301 Southwest Pkwy.	Ste 400	
Address		
Austin, TX 78735		
City/State and Zip Cod	de	
E-mail address: (to be used for future	annual report not	ification)
For further information concerning this ma	tter, please call:	
Mary Castillo	888 at (705-7274
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ving amount:	
□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

H23000336330 3

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.

2. (a) 2999 NE 191ST STREET Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STE 800 AVENTURA, FL 33180 AVENTURA, FL 33180 AVENTURA, FL 33180 10/31/2014 3. Date of filling/registration in Florida 4. Document number NRAI SERVICES, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MEST REFLORIDA STREET ADDRESS) FLANTATION FL 33324 (b) Registered Agent Solutions. Inc. Finer name of NEW Registered Agent and/on NEW Registered Office address Ste A Talkhassee FL 32308 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized eposentiative of a member Printed or typed name of signer Print	l. Na	ame of the limited liability company: SIB 17730, LLC			
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Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD Registered Office Address MUST RE FLORIDA STREET ADDRESS; PLANTATION FL 33324 (b) Registered Agent Solutions. Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 2894 Remington Green Ln. NEW Registered Office Address: Ste. A Tallahassee FL 32308 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Victor Recondo Authorized Signer Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the highest of the proper and complete performance of my duties, and I am familiar with and accept the object of the proper and complete performance of my duties, and I am familiar with and accept the object of the proper and complete performance of my duties, and I am familiar with and accept the object of this change. Begistered Office Address: 1	5 (a)	NRAI SERVICES, INC			
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Signature of Registered Agent		Mackenzie Hibler, Asst. Secret	ary		