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TO MINITED AND STATE OF THE STA

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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.

1.	Na	ame of the limited liability company: SONSOFLIB	ERTY PAR	NERS, LLC		
2	(a)	9360 SW 140th Street	(b)	9360 SW 1	140th Street	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Maili	ing address of limited liability company: iote: MAY BE POST OFFICE BOX)	
		Miami FL 33176		Miami, FL 33	3176	
		November 21, 2014		L1400018110	05	
3.		Date of filing/registration in Florida	4.	Do	cument number	
5.	(a)	United States Corporation Agents, Inc.				
•	(-)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:		
		13302 Winding Oaks Court			.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Suite A			平 第	
		Tampa,	FL <u>33612</u>		PH	, <u>1</u>
	(L)	Corporation Service Company			PH 3: 44	•
	(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:		
		1201 Hays Street				
		NEW Registered Office Address:				
						
		Tallahassee , I	FL_32301	<u> </u>		
th ag wa	e cha ent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability consists of the limi	tered office and inpany, it is her ted liability co	d the business office of the registe creby confirmed that the change(s) company or as otherwise provided in	ered
/s	/ Free	derick Kohly	Man	ager		
		ture of a member or authorized representative of a member		Prir	nted or typed name of signee	
pr thi to	ovisi e obl mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to act le performa ded for in C I hereby co	in this capacity nce of my duti hapter 605, F nfirm that the i	y. I further agree to comply with a es, and I am familiar with and acc S. Or, if this document is being filimited liability company has beer	the Sept led 1
Si		Mobey M. Baronia re of Registered Agent Corporation Service Company	y BY: Lind	sey M. Baronie, A	Asst. Vice President	