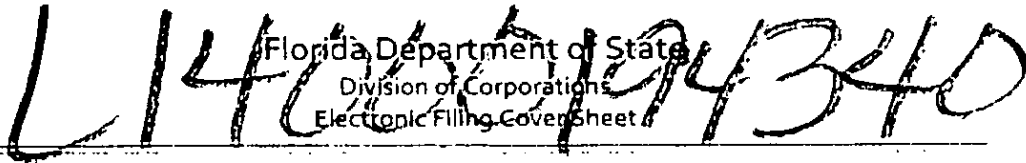


Division of Corporations

https://efile.sunbiz.org/scripts/efilcovr.exe


  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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.

(((H18000194673 3)))



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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : TRIAD PROFESSIONAL SERVICES COA  
 Account Number : 120160000009  
 Phone : (770)777-2091  
 Fax Number : (770)220-1943

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
CODINA PROPERTY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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 18 JUL -2 AM 9:13  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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JUL 03 2018

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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. Name of the limited liability company: CODINA PROPERTY HOLDINGS, LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
2020 Salzedo Street, 5th Floor  
CORAL GABLES, FL 33134

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
L14000194340

3. 12/22/2014 Date of filing/registration in Florida  
4. L14000194340 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ROMERO, RAFAEL  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2020 Salzedo Street, 5th Floor  
CORAL GABLES, FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
C T Corporation System  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the 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, it is hereby confirmed that the change(s) 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.

Heather Irving Signature of a member or authorized representative of a member  
Heather Irving, Authorized Representative Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System  
Justin Rahm Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00  
(((H18000194673 3)))

INHS18 (2/14)