## L15000029049

,						
(Re	questor's Name)					
(Ad	dress)	-				
(Ad	dress)					
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)	<del></del>				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
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Office Use Only



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**S Warren** JAN 3 0 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: PERFORMANCE BASED UNION Name of Limited Liabil						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and feet	(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following	owing:					
AUESSANDO CUEMENTE  Name of Person						
PERFORMANCE BASED UC Firm/Company						
2 SOUTH BISCAYNE BUID. SUITE Address	3500					
City/State and Zip Code						
E-mail address: (to be used for future annual report notificat	ion)					
For further information concerning this matter, please call:						
ALESSANDRO CLEMENTE at (305) Name of Person A	2040208 rea Code & Daytime Telephone Number					
Registration Section Registration of Corporations Division Clifton Building P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314					
Enclosed is a check for the following amount:						
\$25 Filing Fee	iling Fee & Certified Copy					
INHS18 (2/14)						

## 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. N	lame of the limited liability company:	ERFORMA	NCE B	ased a	uc	
2. (a)	Principal office address of limited liability compa		Mailir	TW BISCO	ited liability o	
	SUITE 2200		SUITE	3200		
	MIANI, FC 33131		MIANI,	FC331.	31	
	FEBRUARY 16, 2015		L15	250000	549	
3.	FERUAR / 16, 2015  Date of filing/registration in Florida	4.	Doc	ument numbe	r	
5. (a	BARDUCCI, MARIA COS-	AFhar				
	Registered Agent and Registered Office shown on the rec	cords of the Florida	Dept. of State:			
	2 SOUTH BISCA NE BU				2011	
	Registered Office Address (MUST BE FLORIDA ST	KEET ADDRESS		green green	22 5	71
	SVITE 3760			\$.* !\.	温 神	-
	MIANI FL 33131	, FL		ي الماري ماريد	がして	Ш
(b)	ACESSALV	Ro cua	est te		NIS 3C	0
(0)	Enter name of NEW Registered Agent and/or NEW Re				A & 26	
	2 SOUTH BISCATHE BOY	JUEJARD				
	NEW Registered Office Address:		<del></del>			
	SUITE 3200					
		_				
	HAHI WILLIAM	, FL_ <u>3_3</u> -	(31			
the ch agent was/v	limited liability company is not organized under nange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the mer ticles of organization of the operating agreement	lress of the regis nited liability co nbers of the lim	tered office and mpany, it is her ted liability con	the business beby confirmed mpany or as of	office of the d	ne registered hange(s)
	MA			SSANDE		EHENTE
I her provi the ol to me notifi	nature of a memor or authorized representative of a member eby accept the appointment as registered agent a sions of all statutes relative to the proper and colligations of my position as registered agent as prely reflect a chapper in the registered office addition writing of this change.	and agree to act	in this capacity	nted or typed name. I further ages, and I am fas. S. Or, if this a limited liability	ree to com	ply with the h and accept s being filed has been
Signa	ture of Receivered Agent					