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(((H240001155713)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Ententhe email address for this business entity to be used for future ಹಿತ್ತೆmnual report mailings. Enter only one email address please.**

IAR 28	Email	Address:
[

LLC REGISTERED AGENT CHANGE JACOBSON CHICAGO, LLC

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Help

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. N	ame of the limited liability company:	o, LLC	.		
2. (a)	9999 Collins Ave.		9999 Collins Ave.		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Penthouse 2H		Penthouse	211	
	Bal Harbour, FL 33154		Bal Harbou	ır, FL 33154	
	03/03/2015		L150000393	337	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Samuel, Jacobson				
<u>, , , , , , , , , , , , , , , , , ,</u>	Registered Agent and Registered Office shown on the records of	f the Florida	Dept, of State	- !:	
	9999 Collins Ave				
	Registered Office Address	ADDRESS	<u> </u>	•	
	PH 2H				
	Bal Harbour	L_33154		•	
(b)	Corporate Creations Network Inc	L		2024	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	<u>lress</u> :	71L 2024 HAR 28	
	801 US Highway I				
	NEW Registered Office Address:				
				t : 2 t	
			·	·	
	North Palm Beach F	L33408			
change igent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability cor of the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
) Jam 1.	nture of a member or authorized representative of a member	Laur	Lauren Underwood, Attorney-in-Fact		
	Signature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e performa ed for in C hereby co	in this capa nce of my a hapter 605, nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept .F.S. Or, if this document is being filed he limited liability company has been	

Lauren Underwood, Special Secretary