L15000042554

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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195						
REFERENCE	: 225426 4384197						
AUTHORIZATION	: Charles al						
COST LIMIT	: \$ 25.00						
ORDER DATE : July 21, 2016							
ORDER TIME : 9:24 AM							
ORDER NO. : 225426-040							
CUSTOMER NO: 4384197							
CHANGE OF AGENT							
NAME: MEGACENTER BRICKELL LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
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XX PLAIN STAMPED COPY							
CONTACT PERSON: Melissa Zende:	r EXT#						
	EXAMINER:						

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)			(b`)	
()	Principal office address of lin (Note: MUST BE STR	nited liability company:		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8600 NW SOUTH RIVER	DR STE 100		SAME	
	MEDLEY, FL	33166			
	03/09/2015		 -	L150000	042554
3.	Date of filing/registra	tion in Florida	4.		Document number
5. (a)					_
	Registered Agent and Registered Off	ice shown on the records of	of the Florida	Dept. of Sta	ate:
	CF REGISTERED AGENT, I	NC.			
	Registered Office Address (MUS	T BE FLORIDA STREE	T ADDRESS)	1	
	100 S. Ashley Drive Suite 4	00			_
	Tampa	, F	FL <u>33602</u>		<u></u>
	,				6
(b)	Corporation Service Compan Enter name of <u>NEW Registered Age</u>		ad Office add		AUG AUG
	Enter haine of NEW Registered Age	III BIIWOI NEW REGISTEE	eu Omee auu	11 635.	SS
	1201 Hays Street				
	NEW Registered Office Address:				55 6
					~
					-
	Tallahassee	, F	FL_ 32301		
					lorida, it is hereby confirmed that after ce and the business office of the registere
agent v	vill be identical. Or, in the case	of a Florida limited	liability co	mpany, it	is hereby confirmed that the change(s) ity company or as otherwise provided in
wasi wi	cles of organization or the oper	aling preement of the	ne limited li	ability co	empany.
he arti	/S/ Patricio Ureta	ZPMM		icio Ureta	
he arti		<u> </u>			D' - 1 - ()
he arti	ture of a member or authorized representation	entative of a member			Printed or typed name of signee
Signa I herei provisi the obl	by accept the appointment as re ons of all statutes relative to th igations of my position as regis ly reflect a change in the regis	egistered agent and a	gree to act te performa ded for in C I hereby co	in this ca ince of my hapter 60 infirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accests. F.S. Or, if this document is being filed the limited liability company has been
Signa I herei provisi he obl	by accept the appointment as re	egistered agent and a	gree to act te performa ded for in C I hereby co	ince of my hapter 60 infirm tha	pacity. I further agree to comply with th

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