| (Reque                                  | estor's Name)    |                 |  |  |  |
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| PICK-UP                                 | WAIT             | MAIL            |  |  |  |
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Office Use Only



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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. N                                   | ame of the limited liability company: ROSES-FP TW   | O, LLC                                    |                           |  |   |
|--|---|---|---------------------------|--|---|
| 2. (a)                                 |   |   | (b)                       | ))   |   |
| (/                                     | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _   | (0)                       | Mailing address of limited lia (Note: MAY BE POST O  | bility company:   |
|  | 3310 Mary Street Suite 302  |   |                           | 3310 Mary Street Suite 302   |   |
|  | Coconut Grove, FL 33133   |   |                           | Coconut Grove, FL 33133  |   |
|  | 03/16/2015  |   | l                         | L15000046931   |   |
| 3.                                     | Date of filing/registration in Florida  | 4.  | _                         | Document number  |   |
| 5. (a)                                 |   |   |                           |  |   |
| (,                                     | Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.  | the Flori                                 | da [                      | Dept. of State:  |   |
|  | Registered Office Address (MUST BE FLORIDA STREET.  | 4DDRE.                                    |                           | <u> </u>   |   |
|  | 1200 SOUTH PINE ISLAND ROAD   |   | 2.2.                      | *  | 2024  |
|  | PLANTATION . FI   | 33324                                     | ,                         |  | 8 I HUF 1526  |
|  |   |   |                           |  |   |
| (b)                                    |   |   |                           | (m. 70 )<br>(m. 70 )<br>(m. 70 )   | <u></u>   |
|  | Enter name of NEW Registered Agent and/or NEW Registered  | Office 2                                  | <u>addı</u>               | dress:   |   |
|  | Corporation Service Company   |   |                           | ., 6   | ų   |
|  | NEW Registered Office Address:  |   |                           | <del></del>  |   |
|  | 1201 Hays Street  |   |                           |  |   |
|  | Tallahassee   | 32301                                     |                           |  |   |
| change<br>agent<br>was/w               | limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liacre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the       | registe<br>ability of<br>the li           | red<br>con<br>mit         | ed office and the business office of<br>impany, it is hereby confirmed that<br>inted liability company or as otherw  | the registered the change(s)  |
|  | nture of a member or authorized representative of a member  | اال                                       | LL (                      | CILMI, AUTHORIZED PERSON   |   |
|  |   |   |                           | Printed or typed name of si  | -   |
| provis<br>the ob-<br>to mer<br>notifie | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change. | ee to ac<br>perform<br>I for in<br>tereby | ct in<br>nan<br>Ch<br>con | in this capacity. I further agree to<br>mee of my duties, and I am familia<br>Chapter 605, F.S. Or, if this docum<br>onfirm that the limited liability com | comply with the<br>r with and accept<br>ent is being filed<br>pany has been |
|  | Drace Cokuble   | DACE                                      | : E                       | E VIDRY ASST VICE DESIDE   | NIT   |

Signature of Registered Agent