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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.

!. (a)	(b)				
	Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)	<u>v:</u>		Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BON</u>)	
	3310 Mary Street Suite 302		3310 Ma	ary Street Suite 302	
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133	
	03/20/2015		L1500004	49756	
	Date of filing/registration in Florida	4.		Document number	
	NRAI SERVICES, INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: NRAI SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		<u>EET ADDRES</u>	<u>'S)</u>	202	
	1200 SOUTH PINE ISLAND ROAD	<u>EET ADDRES</u>	<u>'S)</u>		
	1200 SOUTH PINE ISLAND ROAD	33324			
	1200 SOUTH PINE ISLAND ROAD	33324	<u></u>		
(b)	1200 SOUTH PINE ISLAND ROAD PLANTATION	_, FL_33324			
(b)	1200 SOUTH PINE ISLAND ROAD PLANTATION	_, FL_33324			
(b)	1200 SOUTH PINE ISLAND ROAD PLANTATION	_, FL_33324			
(b)	1200 SOUTH PINE ISLAND ROAD PLANTATION Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	_, FL_33324			
(b)	1200 SOUTH PINE ISLAND ROAD PLANTATION Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> Corporation Service Company	_, FL_33324			

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.

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JILL CILMI, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

1

Printed or typed name of signee

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.

have C.Kubi

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314