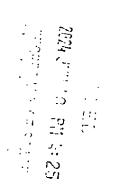
## 

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J88 1 0 7114					

Office Use Only







## 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. Na	nne of the limited liability company:ROSES-FP FIF	TEEN, L	LC		
2 (a)		0	o)		
Σ. (α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	3310 Mary Street Suite 302		3310 Mary Street Suite 302  Coconut Grove, FL 33133		
	Coconut Grove, FL 33133				
	03/20/2015		L15000049	9878	
3.	Date of filing/registration in Florida	— 4.		Document number	
5 (a)					
5. (a)	Registered Agent and Registered Office shown on the records o	the Florid	a Dept. of Star	<del>_</del> te:	
	NRAI SERVICES, INC.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u></u>	_	
	1200 SOUTH PINE ISLAND ROAD			202	
	PLANTATION . F	. 33324			
		<u></u>		- · · · · · · · · · · · · · · · · · · ·	
(b)				- J	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office 20	<u>ldress</u> :		
	Corporation Service Company			25	
	NEW Registered Office Address:	-		_	
	1201 Hays Street			_	
	Tallahassee F	32301 L		_	
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e register iability co of the line limited l	ed office an ompany, it i nited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in	
Signa	ture of 3) member or authorized representative of a member			Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change.	ree to act performed for in ( hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signature of Registered Agent GRACE E. KIR				ASST. VICE PRESIDENT	