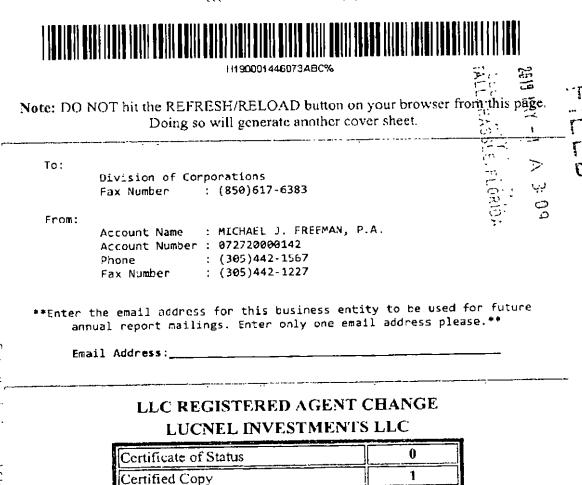
## Division of Corporations Electronic Filing Cover Sheet

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FAX AUDIT NO: H19000144607 3

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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	lame of the limited liability company: LUCNEL INVI	ESIV	ИE	NISLLC				
2. (a)	153 Sevilla Avenue		<b>(</b> b)	C/o GHS	SK LLP, 67	75 Third A	Avenue,	26 FI
(0)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-,		Mailing address (Note: MAY			•
	Coral Gables, FL 33134-6006			New Yor	k, NY 100	1 <b>7-5</b> 704		
				<del></del>		::1	- E	
						<u> </u>	<u> </u>	-77
	August 11, 2015		١	L1500013	36631	<u>}</u> ;	35	
3.	Date of filing/registration in Florida	- 4.	-		Document n	umber'	<del></del>	1
5 (a)	CSG - Capital Services Group Inc.							111
5. (a)	Registered Agent and Registered Office shown on the records of the	he Plor	ich	Dept. of State	I	***	, ⊅	O
	446 W Hillsboro Blvd					93	ربي ا	
	Registered Office Address (MUST BE FLORIDA STRBET ADDRESS).							
	Deerfield Beach, FL	3344	1					
	MJF Registered Agent Corp.							
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	-da	l'oss'				
	153 Sevilla Avenue							
	NEW Registered Office Address:							
	Coral Gables , FL	3313	4-6	5006				
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative rate of the members of icles of organization or the operating agreement of the l	the reg bility Tthe li	gist cor mi	ered office upany, it is ted liability	and the busi hereby conf company or	ness office irmed that	of the re the chang	gistered (e(s)
1 Verstat			els	on J. Jan				
	dure of a member or althorizing representative of a member				Printed or type			
I here provise the obline notified	by accept the appointment of registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.					er agree to um Jamilian this docum zbility com	comply v r with and ent is bein pany has	vith the laccept ny filed been
Signatu	1 Aren - as Assignet M/ Replegate	ced 1	45	ent COR	·J			
<b>-</b>	<i>j</i>	AV 42'	) <b>.</b> .	Tallakass	<b>T</b> I 2221	4		
	Division of Corporations P.O. B FILING FR				EE, FL 3431	4		

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