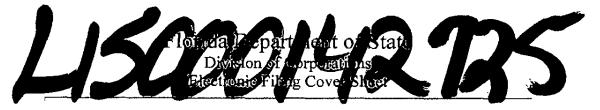
11/16/2015 2:00:27 PM From: To: 8506176383( 1/2 ) Division of Corporations

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## LLC REGISTERED AGENT CHANGE MIAMI RESEARCH INVESTMENTS II, LLC

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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:

I. Na	me of the limited liability company: Miaml Rese	arch inve	estments II, LLC
		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(v.	Mailing address of limited liability company: (Note: MAY BE POST OPFICE BON)
	255 Costanera Road		255 Costanera Road
	Coral Gables, FL 33143		Coral Gables, FL 33143
	8/25/15		115000142725
3.	Date of filing/registration in Florida	4.	Document number
5.(a)	August 25, 2015		
	Registered Agent and Registered Office shown on the records a Dr. Howard Schwartz	f the Florida	Dopt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	raddress,	2
	6141 Sunset Drive; Suite 301		
	Miami F	33143	
	NEW Business Office Address:	· _ · _ · _ · _ · _ · _ · _ · _ · _ · _	
	NEW Registered Office Address:		Ø≥ = 6
	255 Costanera Road		
	Coral Gables F	L_33143	
agent w	mited liability company is not organized under the lange or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members cles of organization or the operating agreement of the	liability con of the limited li	State of Florida, it is hereby confirmed that after stered office and the business office of the registered onpany, it is hereby confirmed that the change(s) lited liability company or as otherwise provided in liability company.
Ciana)	1600	Dr. I	Howard Schwartz, Mgr.  Frinted or typed name of signee
-	are blo member or authorized representaive of smember by accept the appointment as registered agent and as bus of all statutes relative to the proper and complet cations of my position as registered agent as provid by reflect a change in the registered office address, it in writing of this change.	gree to act a performa lod for in C I hereby co	rand or typed time disigned in this capacity. I further agree to comply with the once of my duries, and I am familiar with and accept Chapter 605, F.S. Or, it this document is being filed onfirm that the limited liability company has been
Signatur	o of Registered Agem		
	Division of Cornorations PA	Res 6327	a Tallaharran Et 27314

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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