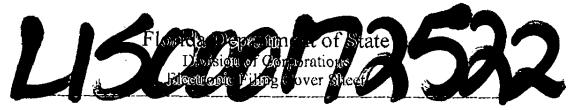
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(((H16000280306 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645+7400

Fax Number : (302)645~1280

**Enter the email address for this business entity to be used $t oldsymbol{eta}^{L^2}$ future annual report mailings. Enter only one email address pleaser **

Email Address: yoneldevico@gmail.com

LLC REGISTERED AGENT CHANGE GUSTAVIA HOME, 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.

1.	Name of the limited liability company: Gustavia Ho	ome LLC		,		
2. (a	104 SE 8th avenue	(h) 1	***************************************	<u> </u>		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 104 SE 8th avenue Mulling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fort Lauderdale, FL 33301	F0	ort Lauderdale, FL 33	301	., ,,,,	
	10/09/2015	L1:	5000172522	\ \ \ \ \	•	
3.	Date of filing/registration in Florida	4.	Document number	r <u>''.</u>		
5. (8	Registered Agents Inc.			, .*		
•	Registered Agent and Registered Office shown on the records of 8550 United Plaza Blvd., STE 702-N	t, of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Baton Rouge , P	70809		2016 NOV SECRET	71	
(ъ	Unter name of NEW Registered Agent and/or NEW Register	1.0000		ASSE ASSE		
	Enter hanto of NEW Regulered Arent and/or NEW Regimen	en Omee nagres	Ŗ.	٠٠٠ السام	m	
	3030 N. Rocky Point Dr., STE 150A		•			
	NEW Registered Office Address:			TATE ORNOA		
	- Carlo	_L 33607			•	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address owll be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere liability compa of the limited ne limited liabil	ed office and the business of any, it is hereby confirmed liability company or as off lity company.	office of the re that the chans	gistered re(s)	
	ature of a member or authorized representative of a member	Jared (
I her provi. the oil to me notific	ely accept the appointment as registered agent and as vions of all statues relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, a ad in writing of this change.	gree to act in the performance led for in Chap I hereby confir	Printed or typed name his capacity. I further agr e of my duties, and I am far are 605, F.S. Or, if this do no that the limited liability	*	vith the I accept ne filed been	
Signal	ute al Registered Agent					

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