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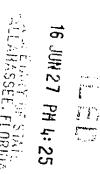
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TO:

INHS18 (2/14)

Registration Section

Division of Corporations Miami Condo Real Estate LLC SUBJECT: _ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Francisco Tamargo Name of Person Firm/Company 901 Brickell Key Drive, Apt 1605 Address Miami, FL, 33131 City/State and Zip Code adriana_mar@att.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adriana Martinez 786 Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy **△** \$25 Filing Fee

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	ame of the limited liability company: Miami Condo F	Real	Estate LLC	<u> </u>		
2. (a)	901 Brickell Key Drive, 1605 Miami FL 33131		(b) 901 Bri	ckell Key Drive,	1605 Miami	FL 331
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	· ·	Mailing address of limi (Note: MAY BE PO		•
	01-12-2016	<u>-</u>	L160000			
3.	Date of filing/registration in Florida	4.		Document numbe	r	
5. (a)	Prime Key Solutions LLC			_		
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AL			- -		
	1541 Brickell Ave, Suite 1806			_		
	Miami , _{FL} 3	3312	9			
(b)	Adriana G. Martinez PA Enter name of NEW Registered Agent and/or NEW Registered O		address:		16 J	
				···	16 JUN 27	to the second
	NEW Registered Office Address:				7 7 1	7
	848 Brickell Ave, Suite 602			_	PH +:	an ·
	Miami _{,FL} 3	3313	1	- -	8 25	
the ch agent was/w the ard Sign	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities of organization or the operating agreement of the liabilities of a member or authorized representative of a member	he replication in the limited in the	gistered office company, it is imited liability con AMAR	te and the business is hereby confirmed ty company or as of mpany. CGO, FRAI Printed or typed name	office of the red that the chang therwise provided the control of	gistered ge(s) led in
provis the ob to men notifie	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete p ligations of my position us registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	e to a erfor for ii reby	act in this cap mance of my n Chapter 60 confirm that	oacity. I further ag duties, and I am fa S. F.S. Or, if this d the limited liability	ree to comply williar with and locument is beir y company has	vith the d accept ng filed been