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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. 1	Name of the limited liability company: DMFH I, LLC				
2 (a)	(h	o)		
(··	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c	·//	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	3310 Mary Street Suite 302		3109 GF	RAND AVENUE #349	
	Coconut Grove, FL 33133		Coconut	Grove, FL 33133	
	02/23/2016		L1600003	37200	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a					
J. (c	Registered Agent and Registered Office shown on the records o	of the Florida	Dept. of Sta	ite:	
	C T CORPORATION SYSTEM				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
	1200 SOUTH PINE ISLAND ROAD			그를 들	
	PLANTATION . F	33324		1	
(b				_ 9	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			52	
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street			-	
	Tallahassee F	L_32301		_	
If the	limited liability company is not organized under the la	we of the	State of FI	orida it is hereby confirmed that after the	
chang agent was/v	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registere iability cor of the lim	d office ar mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Xia E. Cienii	JILŁ	CILMI, AU	JTHORIZED PERSON	
Signature of a member or authorized representative of a member				Printed or typed name of signee	
provis the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I d'in writing of this change.	ree to act e performa ed for in C hereby co	in this cap ince of my hapter 602 nfirm that	pacity. 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	
C:	Drace Cokubly	GRACE E	E. KIRBY.	ASST. VICE PRESIDENT	
-Signat	ure of Registered Agent				