LCOOPA2

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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. Namo	e of the limited liability company:	HATE INVE	ESTMENT & DEVELOPM	IENIS		
. (a) _	91 HARBOR DRIVE KEY BISCAYNE FL	(b)				
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		÷ i	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
- 04	4/16/2016	 L16	000075122			
	Date of filing/registration in Florida	4.	Document number			
, , B	ALLESTAS, ANDRES					
. (a) _	egistered Agent and Registered Office shown on the records of t	he Florida Dept	of State:			
		·		_	777	
R	egistered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			ÊĞ	
8	391 HARBOR DRIVE			MAY	And Services	
- K	(EY BISCAYNE	33149		<u>ယ</u>	77.5.	
_	, rl			H		
(b) B	ALLESTAS, CAROLINA			Si		
	nter name of NEW Registered Agent and/or NEW Registered	Office address		08	:	
	EW Registered Office Address:					
	91 HARBOR DRIVE					
_						
k	KEY BISCAYNE	33149				
_	, FL					
the limi	ited liability company is not organized under the law e or changes are made, the Horida street address of	s of the Stat	e of Florida, it is hereby confi d office and the business offic	rmed the	nat after e registere	
gent will	be identical. Or in the case of a Florida limited lia	bility compa	ny, it is hereby confirmed tha	t the ch	ange(s)	
as//were	authorized by an affirmative vote of the members of organization or the operating agreement of the	limited liabil	ity company.	vise pre	vided iii	
NMV	MA DESTRICTION OF THE PARTY OF	BALLE	STAS, ANDRES			
Signature	of a momber annual zed representative of a member		Printed or typed name of s	ignee		
rovisión. Le obliga	accept the appointment as registered agent and agres of all statutes relative to the proper and complete stions of my position as registered agent as provided reflect a change in the registered office address, I have the change.	performance I for in Chan	of my duties, and I am familie ter 605 F.S. Or if this docum	ar with nont is:	and acce heing file	