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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE EEBB OPERATING, 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.	Na	me of the limited liability company: EEBB Operating	g, LLC	**************************************			
		<u> </u>	(b)				
±, (u)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		10165 N.W. 19th Street	SAME				
		Miami, FL 33172	9 m	namene in di i denga ing a sanganan in ningga ningga ingga i		· · · ·	
		May 23, 2016	L160000	99292			
3.		Date of filing/registration in Florida	4.	Document number		~	
~	/m\	CT Corporation System			٠.,		
5. (a)		Registered Agent and Registered Office shown on the records of the F	own on the records of the Florida Dept. of State:				
		1200 South Pine Island Roda			上沿	JEN	
		Registered Office Address (MUST BE FLORIDA STREET ADD	(RESS)	-	N 17 TARY TARSSE		
		Plantation, FL 33	324	-		2=	
(υ, .	Edward J. Easton Enter name of NEW Registered Agent and/or NEW Registered Office Address: 10165 N.W. 19th Street	ice address:		IDA ATE	10	
			. , , .				
		Doral , FL 33	172				
the c igen was/	han t wi wer	nited liability company is not organized under the laws or ige or changes are made, the Florida street address of the Ill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the les of organization or the operating agreement of the limi	f the State of Flo registered office ty company, it is e limited liability ited liability com	and the business off shereby confirmed the company or as othe spany.	ice of the r and the char	egister roc(s)	
Sig	natu	re of a member or authorized representative of a member	Edward J. Ea	Printed or typed name of	Caianco		
		e accept the appointment as registered agent and agree to us of all statules relative to the proper and complete perf actions of my position as registered agent as provided for y reflect a chapge in the registered office address, I herel in writing of this change.	o act in this capa ornance of my a in Chapter 605, hy confirm that t			with th id aced ing filo s hoen	he epi ed
Signi	durc	of Registered Agent					
		Division of Corporations P.O. Box	6327• Tallahası	ice, FL 32314			

Division of Corporations P.O. Box 6327 Taliahassee, FL 3231-FILING FEE: \$25.00

INHS18 (2/14)

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