LILOCOC 14600E

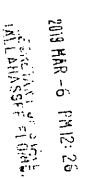
(Rec	questor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor					学者
SUBJE	CT:	232	NW	677	Ш	
Name of Limited Liability Company						
Dear Si	r or Madam:					
The end	closed Registere	d Agent/Register	ed Office Chan	ge and fee	(s) are submitted for filing.	
Please r	return all corresp	ondence concern	ning this matter	to the folio	owing:	
	TERPA	Smith Name of Person				
		Firm/Company				
_2	68 NI	Address	ST			
		Address				
<u>B</u>	OCA PA	TON F	2 334 Code	<u>132</u>		
<u>th</u>	resholds mail address: (to	SICINFO to be used for fun	warya ure arımdal repo	t notificati	ion)	
For furt	her information	concerning this	natter, please c	all:		
	EVYA S	in Hh	at (56 <u>)</u> A	542-3735 rea Code & Daytime Telephone Nu	mber
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g Center Circle	SS:	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314	
	Enclosed is a check for the following amount:					
	\$25 Filing Fe	ee		□ \$55 Fi	iling Fee & Certified Copy	

INHS18 (2/14)

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.	Nai	me of the limited liability company: 232	Nu) 6	7TH	LL		
		268 NW 1174 ST.	(b)	26	8	NW 11	174 8	
(.	-, -	Principal office address of limited liability company:	(0)		-	g address of limi	•	• •
		(Note: MUST BE STREET ADDRESS)		Dag		E MAYBE PO	ST OFFIC	<u>TE BOX</u>)
		BOCA RATON, PL 33432	-	\bowtie	A T	YATON,	<u>H_</u>	<u>33432</u>
			-					
		8/4/2016		LI	60	0014	600	8
3.		Date of filing/registration in Florida	4.		Docu	ament number	r	
5. (a)	MASSIMILIANO DEBIASE	-					
		Registered Agent and Registered Office shown on the records of the		ept. of Stat	te:			
		333 SE MIZNER BLUD.			_			
		Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)					
		Doca Data		3 · 7	-		\$ C.F.	2019 HAR
		BOXA KATON , FL :	334	34	_		Z.F	₹ R
(1	o) _						A.S. 2	0.
(1		Enter name of NEW Registered Agent and/or NEW Registered Off	iice addr				777.4 777.4	· · ·
		01.0 A11.)						PH 12: 26
		268 NW 11TH ST.			_		Q.	r re
		NEW Registered Office Address:					•	
					-			
		BOCA RATON FL.	33/:	32_	_			
If the	e lii	imited liability company is not organized under the laws of	of the S	iate of Fl	orida	it is hereby o	onfirmed	I that after
the c	har	nge or changes are made, the Florida street address of the	e registo	ered offic	e and	the business of	office of	the registered
was/	W	vill be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the	he limit	ed liabilit	ty com	ipany or as of	i that the herwise j	cnange(s) provided in
the a	u d tid	tels of organization or the operating agreement of the lim		•		_	~ · · · · ·	_
Sig	1	are of a member or authorized representative of a member	MH	SSIM		NO DEI	of signee	-
I he	reb	by accept the appointment as registered agent and agree	to act in	n this cap	ocity.	I further agr	ee to cor	nply with the
prov the c to m	isic bli e xe	ons of all statules relative to the proper and complete per igations of my position as registered agent as provided for My reflect a change in the registered office address, I here in writing of this change.	rforman or in Ch eby con	ice of my apter 60: firm that	duties 5. F.S. the lir	s, ánd I am Jai Or, if this do mited liability	miliar wi ocument ocompan	th and accept is being filed y has been
Sign	aNr	re of Registered Agent						