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Division of Corporations

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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.

l. Na	me of the limited liability company: INNISFREE E	EQUITIES I	LLC
2. (a)	300 SE 5TH AVENUE, #7150	(b) 71	110 REPUBLIC AIRPORT, STE. 300
- (/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON, FL 33432	_ <u>FA</u>	ARMINGDALE, NY 11735
	08/08/20165	L16	6000147192
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JOHN RAMSEN		
,	Registered Agent and Registered Office shown on the records of	the Florida Dept	t. of State:
	300 SE 5TH AVENUE, #7150		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI	-
	BOCA RATON ,FL	33432	
(b)	INCORPORATING SERVICES, LTD.		
• ,	Enter name of NEW Registered Agent and/or NEW Registered	Office address	100
	1540 GLENWAY DRIVE		
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	- ZSSTQ Z M
	TALLAHASEE, FL	32301	7: 24 FLORIS
he cha igent v vas/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
0	Laurence Or Breich		ENCE A. KIRSCH
	ture of a member or authorized representative of a member	× .	Printed or typed name of signee
MINITER	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ee to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed m that the limited liability company has been
S//N	lelissa A. Stops, Asst Sec.		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS18 (2/14)

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