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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048

Phone : (800)345-4647 Fax Number : (800)432-3622

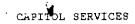
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu submi Floric	ant to the provisions of sections 605.0114 or 605.0 is the following statement in order to change its	116, Florida Statutes, the registered office or rep Y SPA LLC	e undersigned limited liability company gistered agent, or both, in the State of	
I. Na	ime of the Limited Liability Company:	AT SPACES		
2 (=)	8925 COLLINS AVE APT 7F	љ 8925 CC	DLLINS AVE APT 7F	
2. (P)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		lailing address of limited liability company: (Natr. MAY BE POST OFFICE BOX)	
	SURFSIDE, FL 33154	SURFSI	DE, FL 33154	
	10/27/2016	L16000	197354	
3.	Date of filing/registration in Florida	4.	Document number	
S (a	ALEXANDRU, SANDA		i.	
J. (2	Registered Agent and Registered Office shown on the record	h of the Florida Dept. of State	:	
	8925 COLLINS AVE APT 7F			
	Registered Office Address (MUST BE PLORIDA STRE	ET ADDRESS		
	SURFSIDE	, FL_33154	••	
(b)	Capitol Corporate Services, Inc. Exter name of NEW Reststand Appat and/or NEW Reststand 515 East Park Avenue 2nd Fl	ared Office address:	7	
	NEW Registered Office Address:			
	Tallahassee	,FL_32301		
the chagent	limited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	is of the registered office ad liability company, it is ers of the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	sture of a membapor authorized representative of a member		Printed or typed name of signor	
I hen provide the ob- to me notifie	eby accept the appointment as registered agent and sions of all statules relative to the proper and comp ligations of my position as registered agent as pro- refy reflect a change in the registered office address ed in writing of this change.	agree to act in this cape leig performance of my p wided for in Chapter 605 s. I hereby confirm that i	ncity. I further agree to comply with the httes, and I am familiar with and accept F.S. Or. If this document is peing filed the limited itability company has been	
و. د الا	pi jihoon	Leigh Johnson	, Assistant Secretary on	
Signat		alf of Capitol Corpo		
Division of Corporationse P.O. Box 6327e Tallabassee, FL 32314				

FILING FEE: \$25.00

INBS18 (2/14)