Division of Corporations Electronic Filing Cover Sheet

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MAR 2 3 2017

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.

,	Principal office address of limited liability company:		(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)
	2875 NE 191 Street. Suite 800		2875 NE 191 Street, Suite 800
	Aventura, FL 33180		Aventura, FL 33180
	11/21/2016		L16000212039
	Date of filing/registration in Florida	4.	Document number
. (a)			
. (4)	Registered Agent and Registered Office shown on the records	of the Flor	da Dept. of State:
	Ted Klein		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	(22)
	8030 Peters Road, Suite D-104		
	Plantation	33324	
	Plantation, 1	FL	
(p)	Enter name of NEW Registered Agent and/or NEW Register		Aluna
	inter name of NEW Registered Agent and/or NEW Register	ea Onice i	of the second se
	C.T. Corneration System		7
	NEW Registered Office Address:		THAR 2
	1200 South Pine Island Road		55 S
	Plantation	33324	
			_ ~ // /////
	Plantation,	r L	
'the l	imited liability company is not organized under the	laws of th	oc State of Florida, it is hereby confirmed that after
	limited liability company is not organized under the	laws of the	ne State of Florida, it is hereby confirmed that after eistered office and the business office of the register
oent s	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or in the case of a Florida limited	laws of the replication	ne State of Florida, it is hereby confirmed that after gistered office and the business office of the register company, it is hereby confirmed that the change(s)
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