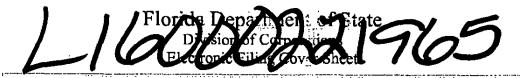
5/11/2018

Division of Corporations



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## LLC REGISTERED AGENT CHANGE GRATITUDE CAPITAL 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.

. Na	ome of the limited liability company: Gratitude Capital	il LLC	
. (a)	1100 W AVE UNIT 820 (b) 1100 W AVE UNIT 820		AVE UNIT 820
. ()	Principal office address of limited flability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NIIAMI BEACH, FL 33139	ευ ΜΙΑΜΙ	BEACH, Ft. 33139
	12/07/2016	L1600022	11965
. (a)	Date of filing/registration in Florida	4. C#	Document number
(4)	Registered Agent and Registered Office shown on the records of FIDUCIAL JADE, INC.	f the Placids Dept. of Si	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	9900 BISCAYNE BLVD OFFICE 701		
	MIAMI	L_33132	
	, ·	<u></u>	
(b)	linter name of NEW Registered Agent und/or NEW Registere		
	linter name of NEW Registered Agent und/or NEW Registere	d Office address:	
	CT Corporation System		
	NEW Registered Office Address;	7/,	一般は量し
	1200 South Pine Island Road	sagas sagas.	9
		L 33324	
		/(i	
e cha	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical Or, in the case of a Florida limited language by an affirmative vote of the members of organization or the operating agreement of the	if the registered offi	ice and the husiness office of the registered
,	re puthorized by an affirmative vote of the members	of the limited liabil e limited liability co	lity company or as otherwise provided in company.
as/ive c arti	cles of organization or the operating agreement of the		
	1// 1//h	A A	PINAINE PLACENCIA
Signy	the of a member authorized representative of a member	<u> </u>	Printed or typed name of signee
Signal heret covisie e obli mere	the of a member or authorized representative of a member by accept the appointment as registered agent and age of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered agent as provide in review of the change in the registered agent as provided in the change in the registered agent as provided.	<u> </u>	Printed or typed name of signee
Signal heret covisie e obli mere nifica ' T Cu	the of a member of authorized representative of a member by accept the appointment as registered agent and agent on so of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	<u> </u>	Printed or typed name of signee  Printed or typed name of signee  Appacity. I further agree to comply with the widnies, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been

The same of the sa

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