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12/14/2017

Division of Corporations

Florida Department of State

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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.

Name	of the limited liability company: Tidal Manage	ment,	L.L	.C			. <u>.</u> .	<u>.</u> .	
a) 56	508 NW 113th Avenue		b)	5608 N	W 113th A	venue	!		•
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 `	. در د		Mailing addres (Note: MA				y;
١.	Doral, Florida 33178		Ī	Doral, F	lorida 331	78			_
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		_	-			-			
1:	2/27/2016		L	160002	31983				
	Date of filing/registration in Florida	4.		,	Document	number			
(a) A	krista Law & Tax								
	egistered Agent and Registered Office shown on the records of t	he Floric	Ja 1	ept. of Stat	e:				
F	Four Seasons Tower				_				
	egistered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>:2)</u>				<u>-1., .</u>	<u> </u>	
_	1441 Brickell Avenue Suite 1400			<u></u>	_			~	
1	Miami er	33131	1	•		•	!	330	-11
_					-		F		
(b) N	laria Echeverry Castro						****	F	. M
	nter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	233 5	•		<u>.</u>	· 2	
		-						بې ت	
<u> </u>	EW Registered Office Address:	· ,			_		7	2	
5	5608 NW 113th Avenue	•	•		,	•			
_			_	-	_				
[Doral FL	3317	8						
chang nt wil s/were article article iggatun	inted liability company is not organized under the large or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of organization of the operating agreement of the constitution of the operating agreement of the of a pientier or authorized representative of a member accept the appointment as registered agent and agree of all statutes relative to the proper and complete ations of my position as registered agent as provide organization of the proper and complete ations of my position as registered office address.	the reg ability of the li limited	gist con mit d liq	ered officenpany, it ed liability con house	te and the buis hereby coty company mpany. Printed or ty	nfirmed or as of	office of that the herwise	the reg change provide	ister (s) ed in

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