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From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number

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3. PRATHER

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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.

1. N	ame of the limited liability company: Urban O	asis Prope	rty Holdings LLC	
2. (a)	4115 W EUCLID AVE.	(b) 4115 W EUCLID AVE.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	TAMPA, FL 33629	TAMP/	N, FL 33629	
	01/05/2017	L17000	0004726	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of the Florida Dept of State: 13302 WINDING OAKS COURT		2018 DEC 2	
	Registered Office Address (MUST BE FLORIDA STREET	(DDRFSS)		
	SUITE A	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>≯.</u> – ₁	
	TAMPA	33612	PHIZ: 12 SSEE.FL	
	7901 4th St N NEW Registered Address. STE 300	1 Office address	_	
	St. Petersburg	33702	_	
the chaagent was/w the art Signa I here provis the ob- to-mer	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the nurse of a member or authorized representative of a member oby accept the appointment as registered agent and again on of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I discontinuous of this change. Bill Havre Presider	f the registered officability company, it of the limited liability company. It limited liability confirm this cap performance of my difference to confirm that	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee spacity. I further agree to comply with the sy duties, and I am familiar with and accept	