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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: KOBLENZ AMERICA LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the i	following:			
z.bolanos@amicorp.com					
Name of Person		_			
Amicorp Corporate Services LLC					
Firm/Company					
1001 Brickell Bay Drive, Suite 2908					
Address		_			
Miami, FL 33131					
City/State and Zip Code					
vl_usasupport@amicorp.com					
E-mail address: (to be used for future annu	al report notific	cation)			
For further information concerning this matter, p	olease call:				
Zully Bolanos	+1305	3003921			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following a	mount:				
S25 Filing Fee	☐ \$55	Filing Fee & Certified Copy			
INHS18 (2/14)					

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. Na	nme of the limited liability company: KOBLENZ A	MERICA LLC			
2. (a)	1001 Brickell Bay Drive	(b) 1001 Brickell Bay Drive			_
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 2908	Suite 2	Mailing address of limite (Note: MAY BE POS		_
	Miami, FL 33131	Miami,	FL 33131		_
	01/13/2017	L170000	013809		
3.	Date of filing/registration in Florida	4.	Document number		—
5. (a)	Amicorp Fiduciary Services LLC			至25. 7	
,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:		
	1001 Brickell Bay Drive			DEC .	Π
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	Suite 2908			至(Ö
	Miami . FI.	33131	· 	1080 27.7.1 1 + 1	
(b)	Amicorp Corporate Services LLC		_	Σ	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_		
	1001 Brickell Bay Drive				
	NEW Registered Office Address:		_		
	Suite 2908		_		
	Miami	33131			
ne cha igent w was/we	mited liability company is not organized under the law inge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the State of Fi the registered officability company, it	te and the business of is hereby confirmed to ty company or as other	fice of the registere	
Signati	are of a member or authorized representative of a member		Printed or typed name of		_
l hereb provision he obli o mere notified	y accept the appointment as registered agent and agreems of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a writing of this change.	ee to act in this cap performance of my I for in Chapter 60, wereby confirm that	umaia. I.Cl		e pt d