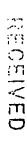
| (Requestor's Name) | | | | | |
|---|------------------|------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/St | ate/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| J. L.C. I. V. D | | | | | |
| 959 C C 655 | | | | | |
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| | | | | | |
| | | | | | |

Office Use Only



500429761475





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.

| l. N | ame of the limited liability company: TERRA PE | MBRO | KE PINE | S MF HOLDII | NGS PARENT, LLC |
|-----------------------------|--|--|--|--|--|
| | | | | | |
| 2. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · · | -, <u></u> | - | limited liability company: POST OFFICE BOX) |
| | 3310 MARY STREET, SUITE 302 | | 3109 GF | RAND AVENUE # | # 349 |
| | COCONUT GROVE, FL 33133 | | COCON | IUT GROVE, FL | 33133 |
| | 02/09/2017 | | L1700003 | 30340 | |
| 3. | Date of filing/registration in Florida | 4. | | Document num | aber |
| 5. (a | | | | | |
| J. (a | Registered Agent and Registered Office shown on the records of NRAI SERICES, INC. | of the Floric | la Dept. of Sta | ate: | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRES | <u></u> | — | |
| 1200 SOUTH PINE ISLAND RD | | | | 202 4 | |
| | PLANTATION, F | 33324 | - | _ | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | | | | CEGENTALIEST |
| | Enter name of NEW Registered Agent and/or NEW Register | ed Office a | ddress: | | |
| | Corporation Service Company | | | | 36 |
| | NEW Registered Office Address: | • | | _ | |
| | 1201 Hays Street | | | | |
| | Tallahassee, F | _{-L} 32301 | | | |
| chang agent was/w | limited liability company is not organized under the lee or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | ne register liability c s of the lir | red office at ompany, it nited liabili | nd the business o is hereby confirn ity company or as | office of the registered ned that the change(s) |
| | ature of a) member or authorized representative of a member | JILL CILMI, AUTHORIZED PERSON | | | |
| | | | _ | Printed or typed n | _ |
| provis the ob- to met | eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change. | gree to ac le perforn led for in I hereby c | t in this cap vance of my Chapter 60 vonfirm that | pacity. I further of turies, and I am 15, F.S. Or, if this the limited liabi | agree to comply with the Jamiliar with and accept s document is being filed lity company has been |
| Signat | Wince C-Kinbly ure of Registered Agent | GRACE E. KIRBY, ASST. VICE PRESIDENT | | | |