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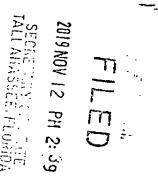
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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Four Infrinty LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Maria Nomen Name of Person  Firm/Company  Maria Mornew  Name of Person  Firm/Company						
5280 NW 77 Ct Address						
Miami, FC 33/66  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Maria Romew at (30.5) 388-3704  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 amount:						
□ \$25 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	ame of the limited liability company:Four_	I	nfrinity	LIC
2. (a)	000.5			SWILY ALP
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing ac	dress of limited liability company:  MAY BE POST OFFICE BOX)
	miami FC 33183		٦.	mi JPC 33/83
		_		
	3/14/2017	_	4170	000 5 8 5 5 7
3.	Date of filing/registration in Florida	4.	Docum	ent number
5. (a)	Marior Romers	2		
J. (L)	Registered Agent and Registered Office shown on the records of the	Florida D	ept. of State:	
	5280 NW 77 C	den.	*	
	Registered Office Address (MUST BE FLORIDA STREET ADI			
		33		
	Witch FL_		166	<b>20</b> S. TAI
(b)	miami .FL.	200		FIL 2019 NOV 12 SECTE : ALL AHASSA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	fice addre	<u>255</u> :	
	5280 NW 77 C	der	it	<b>₽ ₽ □</b>
	NEW Registered Office Address:			
	mani, FC 3316	2C-		39 Number
	· · · · · · · · · · · · · · · · · · ·		. <del>.</del>	
	, FL			
the cha agent v was/we	limited liability company is not organized under the laws onge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the light of organization or the operating agreement of the limited street.	e registe lity com he limite	red office and the pany, it is hereby ed liability compa	e business office of the registered confirmed that the change(s)
		m	ARCOS	Nomeno or typed name of signee
	iture of a member or authorized representative of a member			,
I here. provisi the obj	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided (c	to act in rforman or in Ch	this capacity. 1 ce of my duties, a anter 605 FS - 0	further agree to comply with the and I am familiar with and accep or if this document is being filed

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent