## 000121382

(Re	equestor's Name)		
(Address)			
(Ac	idress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	TIAW	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

EXAMINER:

## 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.	same of the limited hability company:	EAST JOHN CARPENTER GP, LLC
2. (a	2020 Salzedo Street, 5th Floor	(b) 2020 Salzedo Street, 5th Floor
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL GABLES, FL 33134	CORAL GABLES, FL 33134
	06/05/2017	L17000121382
3.	Date of filing/registration in Florida	4. Document number
5. (a	ROMERO, RAFAEL	
٥. (١	Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:
	2020 Salzedo Street, 5th Floor	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
	CORAL GABLES	FI 33134
		red Office address:
(b	)	
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:
		75 72
	Corporation Service Company	
	NEW Registered Office Address:	
	1201 Hays Street	
	Tallahassee	FL32301
chang agent was/v	ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) as of the limited liability company or as otherwise provided in the limited liability company.
	Liu & Coni	Jill Cilmi, Authorized Person
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the oi to me	Sions of all statutes relative to the proper and comple	igree to act in this capacity. I further agree to comply with the tie performance of my duties, and I am familiar with and accept ded for in Chapter 605. F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
	Droce t-Kuby	
Signa Grace	ture of Registered Agent E. Kirby, Asst. Vice President of Corporation Service Company	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00