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Division of Corporations

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Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE AUSTERLITZ GROUP LLC

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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.

I. No	ome of the limited liability company: AUSTER	KLII.	Z GROU	JP LLC		*****
2. (a)	1110 BRICKELL AVENUE			RICKELL AV	/ENUE	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) SUITE 402-2		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			SUITE	402-2		
	MIAMI, FL 33131		MIAMI, F	FL 33131		
	06/21/2017		L170001	135205		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	NATIONAL CORPORATE SERVICES LLC					
,	Registered Agent and Registered Office shown on the records of 1110 BRICKELL AVENUE			- 2:		
	Registered Office Address (MUST BE FLORIDA STREET) SUITE 402-2	ADDRE	<u>ss)</u>		b .	18
	MIAMI	3313	31			£17
(h)	Northwest Registered Agent, Enter name of NEW Registered Agent and/or NEW Registered	LLC	· · · · · · · · · · · · · · · · · · ·		•	。 第一章
	3030 N. Rocky Point Dr.				بر ن	ය. යා යා
	SEW Registered Office Address: STE 150A				¥.	
	Tampa	3360)7			
the cha agent v was/w the art	imited liability company is not organized under the laininge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member or authorized representative of a member.	f the re iability of the I c limite	gistered office company, it is imited liabilit	e and the business s hereby confirme y company or as c apany.	office of ed that the otherwise	the registered change(s) provided in
	by accept the appointment as registered agent and agions 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	ree to a perfor ed for it hereby	ict in this cap mance of my (Chapter 605 confirm that			

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

Tlower - Assistant Secretary

Signature of Registered Agent