47000/43536

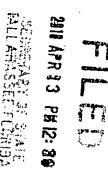
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: April 11, 2018

Order#: 156207/005

Re: WAVECREST COMMERCIAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	me of the limited liability company: WAVECREST CO	OMMER	CIAL, LLC		
2	(a)	1450 MADRUGA AVE #409	(b)	1450 MADRUGA AVE #409		
	(") .	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 33146	-	CORAL GABLES, FL 33146		
		07/03/2017	_	L17000143536		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	MEJIA, LINA				
	, ,	Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State:		
		1450 MADRUGA AVE #409				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		CORAL GABLES , FL_	33146	> 1		
	(b)	Corporation Service Company		<u> </u>		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 1201 Hays Street	office add	ress:		
		NEW Registered Office Address:				
		Tallahassee, FL_	32301			
th ag w:	e cha ent v as/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	he regist pility con the limi	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
	/s/	Carlos Juan Madinabeitia	Carlo	os Juan Madinabeitia, Authortized Person		
	_	ure of a member or authorized representative of a member		Printed or typed name of signee		
pr th to no	ovisi e obl mere otifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	performa for in C ereby co	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been ace E. Kirby, Asst. Vice President		
	Division of Cornerations P.O. Boy 6327 Tallahassee, FL 32314					