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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE **DIME INVESTMENTS 228 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.

1. N	Rame of the limited liability company:	s 228 LI	.C	
	3750 W 16 Ave #100		(b)	6 Ave #100
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hialeah, Fl. 33012		Hialeah, F	7. 33012
				
	08/04/2017		L17000167	
3.	Date of filing/registration in Florida BARROSO, YAMEL	4.		Document number
5. (2	Registered Agent and Registered Office shown on the records of 3750 W 16 Ave #100	f the Flori	da Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>	_
		12012		2021
	Hialcah, F	L		2021 HAR
(6	Corporate Creations Network Inc.			23
(:	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	address:	
	801 US Highway 1			512: 2
	NEW Registered Office Address:			.
	North Palm Beach	L_33408		
			 -	_
chan agen	e limited liability company is not organized under the lage or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members or icles of organization or the operating agreement of the	ic regist liability of the l	ered office a company, it imited liabili	is hereby confirmed that the change(s) ity company or as otherwise provided in
	Meno Cell	N	larie Heitzma 	n, Attorney-In-Fact Printed or typed name of signee
I he prov the c to m notij	reby accept the appointment as registered agent and agentiation of all statutes relative to the proper and complete isolations of all statutes relative to the proper and complete isolations of my position as registered agent as provide erely reflect a change in the registered office address, a field in writing of this change	gree to e le perfor led for i I hereby	act in this ca mance of my n Chapter 60 confirm tha	made. I forther cores to comply with the