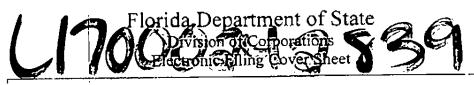
Division of Corporations,



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(((H17000324001 3)))



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LLC REGISTERED AGENT CHANGE 10610 LIPPIZAN RCAD 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.	Na	me of the limited liability company: 10610 LIPPI	ZAN RO	AD LLC			
	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5935 Hammock Lake Drive	(b)		failing address of limite (Note: MAY BE POS mmock Lake Dri	d inbility con	npany:
		Coral Gables, FL 33156		Coral Ga	bles, FL 33156		
		November 27, 2017	ı	1700024	2839		
3. 5.	(a)	Date of filing/registration in Florida Alberto Knoepffler	4.		Document number		
•	(-)	Registered Agent and Registered Office shown on the records of the Florida Fept. of State 5935 Hammock Lake Drive Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Coral Gables , F	<u>33156</u>		. <u></u>	2117 0	•.
	(b)	Alessandra Valentina Losciale Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	ress:			1 · ·
		NEW Registered Office Address:				H 10: 2 &	
		, F	, L				
the ag wa	e cha enta as/wi c art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member	of the regis liability co s of the lim te limited !	tered office impany, it is red liability ability con	e and the business of s hereby confirmed y company or as oth	that the cha herwise pro	ange(s)
pr the to no	here ovisi e obi mer tifle	by accept the appointment as registered agent and a constant of all statutes relative to the proper and completing to so may position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	gree to act le performa led for in C I hereby ca	in this cape ince of my hapter 603 infirm that	acity I further non	ee la comp	ly with the and accept being filed aas been

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