L18600 140031

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

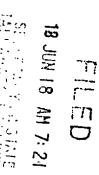


100314542331

05/18/18--01035--005 **25.00

Macha R. WHITE

JUN 2 1 2018



COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ	ANTIDOTE GROUP LLC								
	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	following:						
ALIN	E DARMOUNI								
	Name of Person								
EXC	O US ATRIUM								
	Firm/Company	-							
44 W	EST FLAGLER ST - SUITE 2300								
	Address		_						
MIAN	4I FL-33130								
	City/State and Zip Code		<u> </u>						
office	@excous.com								
}	E-mail address: (to be used for future and	ual report notif	ication)						
For fu	rther information concerning this matter.	please call;							
ALIN	E DARMOUNI	305	600 4405						
	Name of Person	\	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.G	alLING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314						
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy						

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.

L. Na	une of the limited liability company: ANTIDOTE GF	ROU	P LLC		
2. (a)	400 NW 26TH STREET		(b) 44 W F	LAGLER STRE	ET - SUITE 2300
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		•	nited liability company: OST OFFICE BOX)
	MIAMI, FL 33127	_	MIAMI,	FL 33130	
	06/06/2018	_	 L180001	40031	
3.	Date of filing/registration in Florida	4.	 	Document number	er
5. (a)	EXCO US ATRIUM			_	
. ,	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of Sta	ite:	
	2000 S BAYSHORE DR			_	
	Registered Office Address (MUST BE FLORIDA STREET AI	_	50 F		
	MIAMI , FL	313	3	_	2 TO
(b)	EXCO US ATRIUM				7: 21 7: 21
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office :	address:		**
	44 W FLAGLER STREET				
	NEW Registered Office Address:		<u>-</u>		
	SUITE 2300			_	
	MIAMI FL 3	313	0	_	
the cha agent v was/we the arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liabilities of a member of authorized representative of a member by accept the appointment as registered agent and agree	he regoility the li	gistered office company, it mited liability con fluctuations of the control of th	te and the business is hereby confirme ty company or as of mpany. Printed or typed nan	office of the registered d that the change(s) therwise provided in the of signee
provisi the obl to merc	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 he is writing of this change.	erfor for ii rehy	er arms cap mance of my i Chapter 60 confirm that	e duties, and I am for 5, F.S. Or, if this of the limited liability	miliar with and accept locument is being filed y company has been

Signature of Registered Agent