Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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LLC REGISTERED AGENT CHANGE PRAEDIUM CAPITAL PARTNERS, LLC

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AL 11-14-18

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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.

. (a)		(b)	
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	9410 W FLAGLER ST 212	J	PO BOX 771586
	MIAMI, PL 33174		MIAMI, FL 33177
	06/27/2013	L	18000158075
	Date of filing/registration in Florida	4.	Document number
, (a')		
	Registered Agent and Registered Office shown on the records of	of the Florida D	lept, of State:
	HERNANDEZ, ERICK G		5
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		FE 5
	9410 W FLAGLER ST 212		
	MIAMI ,	33174	is in
	MIAMI ,, F	* 1	
(b)			
(2)	finter name of NEW Registered Agent and/or NEW Register	ed Office addre	ESS:
	A		
	C.T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	
			
the ' e ch	limited liability company is not organized under the lange or changes are made, the Florida street address	aws of the St	tate of Florida, it is hereby confirmed that after tred office and the husiness office of the registe
gent.	will be identical. Or, in the case of a Florida limited	liability com	many, it is hereby confirmed that the change(s)
as/w ie art	rere authorized by an affirmative your of the member- ticles of organization or the operating percentent of the	s of the limite ne limited lial	ed hability company or as otherwise provided ii bility company.
	Hunnes	Erick F	Hernandez
	ature of a member authorized representative of a member	•	Printed or typed name of signor
here vovas	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple- ligations of my position as registered agent as provic rely reflect a change in the registered office address ad in writing of this change.	gree to act in le performan led for in Ch	t this capacity. I further agree to comply with i we of my duties, and I am Jamiliar with and acc apter 605, F.S. Or, if this document is being fu

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

INHS18 (2/14)