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| (Requestor's Name) (Address) |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: RESORTS and Ond Name of Limited | OS ROSALE LLC Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change a | nd fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to t | he following: |
| Georges Amilian Name of Person | |
| Resorts and Condex Resole (LC | |
| 14931 NE 7th Ct Address | |
| Mirmi 4 33161 City/State and Zip Code | |
| E-mail address: (to be used for future annual report n | otification) |
| For further information concerning this matter, please call: | |
| Creorges Amil Car at (52) 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 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: | |

\$\$ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

№ \$25 Filing Fee

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: | 3_ano | d Conc | doi Résale | 1 | .C |
|---------------------------|-------------------------------|---|--|---|--|---|--|
| 2. | (a) | 1493 I NE 7th Ct | | 1493 | 1 NE- | 2 <i>H</i> i | <u>C+</u> |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | dailing address of fi (<u>Note: MAY BE)</u> | | • • |
| | | Mani FL 33/61 | _ | _Mia | ui FZ | | 3/6/ |
| | | | | | | | |
| | | 02/05/2019 | | L199 | 000033 | 8 | 38 |
| 3. | | Date of filing/registration in Florida | 4. | | Document numb | oer | |
| 5. | (a) | Georges Amilcar | | | | | |
| | (/ | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State | :: :: | | |
| | | 871 NW 10th St | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AI | DDRESS) | | • | | |
| | | | | | 图(2) | 2019 | |
| | | FLOVIda City FL | 27/ | 7776 | | 9 MAR | П |
| | | T LOVION CITY. | <u>000</u> | 75-7- | 76. T | | |
| | (b) | | | | SH C | п | |
| , | (0) | Enter name of NEW Registered Agent and/or NEW Registered C |)ffice add | ress: | _, _, _, _, | \triangleright | |
| | | 110 -1 10 01 | | | | = | |
| | | 14931 DE 7HC+ | | <u>-</u> | ₩ 3* | න ග | |
| | | NEW Registered Office Address: | | | | | |
| | | | | | | | |
| | | Maus | 33 | 161 | | | |
| | | • | • | - (| | ,_ | |
| If the | ie li cha | mited liability company is not organized under the laws nge or changes are made, the Florida street address of t | s of the S he regist | State of Flo tered office | orida, it is hereby and the busines | z contu s office | med that after e of the registered |
| age | nt w | vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative yote of the members of | oility cor | mpany, it is | s hereby confirm | ed that | the change(s) |
| | | cles of organization or the operating agreement of the li | imited li | ability con | ipany. | | |
| | | A Conta | | 760(es | Printed or typed no | | |
| | - | ure of almember or authorized representative of a member | | | | | |
| I h pro the to n | erel visio obli nere | oy accept the appointment as registered agent and agreens 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 the because | e to act erforma for in C ereby co. | in this cape nce of my a hapter 605 nfirm that i | icity. I further a luties, and I am , F.S. Or, if this the limited liabil | igree to Jamilia docum ity con | o comply with the or with and accept went is being filed opany has been |

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

notified in syniting of this change.

Signature of Registered Agent