Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone

: (302)674-4089

Fax Number

: (302)674-5266

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

Email Address: dmy@potamkinfamily.com

LLC REGISTERED AGENT CHANGE POTAMKIN BIRD ROAD, 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.

(u)		(6)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	1	Mailing address of limited liability company: (Nets: MAY BE POST OFFICE BOX)		
	5800 NW 171st Street		5800 NW	171st Street		
	Miami, FL 33015		Miami, FL	33015		
	4/23/2003		M03000001	263		
	Date of filing/registration in Florida	- 4.	-	Document number		
(8)	Dave Yusko					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State		1 22	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		· -	: U	
	5800 NW 171st Street			3	で 🛴 🕟	
	Misuri FI	33015				LED
(ъ)	NRAI Services, Inc.			F	G	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ren:			
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation . FL	33324				
cour nt W	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited his re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the regist ibility con f the limi limited li	ered office inpany, it is in the link link link link link link link link	and the business office hereby confirmed that	of the rep	istered
, m						
n dic	we of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have a proper and complete to the proper			Printed or typed name of si	~	

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

INHS18 (2/14)