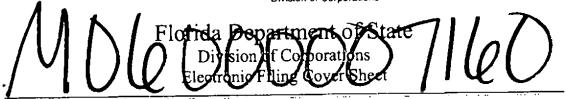
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## LLC REGISTERED AGENT CHANGE SOUTH DIXIE MIAMI RE, LLC

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S. PRATHER

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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.			
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5800 NW 171st Street		5800 NV	W 171st Street	
	Miami, FL 33015	<del></del>	Miami, I	FL 33015	
	12/27/2006		MD60000	007160	
	Date of filing/registration in Florida	<b>-</b> 4		Document number	
	Dave Yusko				
)	Registered Agent and Registered Office shows on the records of	the Florida	Dept, of S	tate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		— 学	
	5800 NW 171st Street			<u> </u>	
	Miami Fi	33015		HASS	
	Enter name of NEW Registered Assett and/or NEW Registered				
	NEW Registered Office Address:			7	
	1200 South Pine Island Road			_	
	Plantation	L_33324		_	
ha (	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited length and the authorized by an affirmative vote of the members cless of organization or the operating agreement of the	rws of the regis liability co of the lim e limited l	mpany, ited liab	it is hereby confirmed that the change(s) illity company or as otherwise provided company.	)
/ re	his of a member or authorized representative of a member by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	gree to act e perform led for in ( I hereby c	in this cance of the chapter of the confirm the confirmation that the confirmation the confirmation the confirmation that the confirmation the confirmation that the confirmation the confirmation the confirmation that the confirmation the confirmation that the confirmation the confirmation that the confirmation the confirmation the confirmation that the confirmation the confirmatio	Printed or typed name of signee capacity. I further agree to comply with my duties, and I am familiar with and ac 605, F.S. Or, if this document is being that the limited liability company has been	the cep filed

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

INHS18 (2/14)