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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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 N	ame of the limited liability company:	S RIALTO JUPI	TER F	L,	LLC		-		
2. (a)	700 NW 107TH AVE			(b) 15131 ALTON PARKWAY, SUITE 345					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(0)		Mailing address of limited (Note: MAY BE POS)			
			_		ATTN: LJ	EGAL DEPT			
	MIAMI, FL 33172		-		Irvine, C/	A 92618			
	11/27/2007			N	107000006	5929			
3.	Date of filing/registration in Flo	orida	4.			Document number			
5 (0)	C T CORPORATION SYSTEM								
5. (a)	Registered Agent and Registered Office shown of	n the records of the	e Floric	ia E	Pept. of Stat	- 8:			
	1200 SOUTH PINE ISLAND ROAD								
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)					-	<u>نت</u> ،		
							<u> </u>		
	PLANTATION	2				-	1		
		, FL	3324			-	$\sim$		
	Corporate Creations Network Inc.								
(b)	Enter name of NEW Registered Agent and/or N	EW Registered O	ffice at	ddr	e75:	-	Pii	•	
					<u> </u>		بب	·9	
	801 US Highway 1						52		
	NEW Registered Office Address:					-			
	North Palm Beach	3	3408			-			
		<b>t</b> L				•			
change agent w was/we	mited liability company is not organized or changes are made, the Florida street ac vill be identical. Or, in the case of a Florid re authorized by an affirmative vote of th cles of organization or the operating agree	idress of the re da limited liabil e members of t	gister lity co he lin	ed omp nite	office and pany, it is id liability	the business office of hereby confirmed the company or as other	of the regis at the chan	tered ge(s)	
					Danielle Gossman, Attorney-in-Fact				
	ure of a member or authorized representative of a r					Printed or typed name of			
provisio he obli to mere	y accept the appointment as registered as ons of all statutes relative to the proper a gations of my position as registered agen ly reflect a change in the registered office in writing of this change.	zent and agree ad complete per t as provided fo address, I her	to act rforma or in ( reby co	in anc Cha onf	this capa ce of my d spter 605, irm that ti	city. I further agree uties, and I am famili F.S. Or, if this docu he limited liability co	to comply iar with an ment is bei mpany has	with the d accept ing filed been	
Signatur	e of Registered Agent	<u>ipecial S</u> ecretary	,						
				_					
	Division of Corporati	ions• P.O. Bos FILING FEE				see, FL 32314			