## M 1000000 1831

(Re	equestor's Name)				
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(Ad	ldress)				
(City/State/Zip/Phone #)					
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MAY 27 2014 C. CARROTHERS



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Holmes aholmesl@cscinfo.com

Date: May 12, 2014

Order#: 107782-030

Re: FLORIDA HOME BASE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Holmes c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

l.	Na	me of the limited liability company: FLORIDA HON	IE BASE,	:, LLC	
2.	(a)		(b	b)	_
	( <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		2601 S. Bayshore Dr., #1700		2601 S. Bayshore Dr., #1700	_
		Міаті, FL 33133	<del></del>	Miami, FL 33133	<del>-</del> -
		04/22/2010		M10000001831.	_
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Brail, Neven			
		Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:	
D. C. LOW ALL CAUST DE CLOREN ATTECT ADDRESS.					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				Elso L	
		2601 S. Bayshore Dr., #1700	,	3 25 7	, a
		Miami , FI	<u>33133 ر</u>	3	
	/b)	Corporation Service Company		SSE T	apr L
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	idress:	ر د مم
		1201 Hays Street		& & & & & & & & & & & & & & & &	
		NEW Registered Office Address:		•	
		Tallahassee , FI	32301	1	
the age	cha ent v s/we	mited liability company is not organized under the lange or changes are made, the Florida street address or ill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regis ability co of the lim limited li	istered office and the business office of the registere ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	d
2	Signat	ure of a member or authorized representative of a member	Nev	ven Brail, Manager Printed or typed name of signee	<u> </u>
pro the to no	herel ovisi obli mere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	performa d for in C hereby co	et in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605. F.S. Or, if this document is being file	e ot d

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