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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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14 MAY IL PH 3: 3L SECKETARI SE SELORIDA TALLANASSEE, FLORIDA



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 aholmes1@cscinfo.com

Date: May 12, 2014

Order#: 107782-025

Re: EVEREST CAPITAL 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.

1. 1	Name of the limited liability company: EVEREST CA	PITAL LL	С		
2. (a	·)	(t	o)		
·	Principal office address of limited liability company:	•••	,	Mailing address of limi	ted liability company;
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE PO	
	2601 S. Bayshore Dr., #1700		2601 S.	Bayshore Dr., #170	00
	Miami, FL 33133		Miami, F	L 33133	
	02/28/2013		M130000	01312	
3.	Date of filing/registration in Florida	4.		Document number	r
5, (a	a)Brail, Neven				
, ,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	e:	
				_	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2		
	2601 S. Bayshore Dr., #1700	······································		_	22 CA
	Miami , FI	L 33133	<u> </u>		THAY IN PH
	7 * *	<u></u>		-	
(b)	Corporation Service Company			_	一次数 子 机
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	400441				
	1201 Hays Street NEW Registered Office Address:			_	<u> </u>
	Topolog Onto Marks.				5×. 4
	Tellahaaaa				
	Tallahassee , FI	32301		-	
the ch agent was/v	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regis lability co of the lim	stered office impany, it is ited liability	e and the business of s hereby confirmed y company or as of	office of the registered that the change(s)
	Jule	Nev	en Brail, Ma	anager	
Sign	alure of a member or authorized representative of a member			Printed or typed name	of signed
provi the ol to me	eby accept the appointment as registered agent and aging sions of all statutes relative to the proper and complete iligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this charge.	ree to act performed d for in C hereby co	in this cape ance of my c Chapter 605 anfirm that i	acity. I further agr duties, and I am far , F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Signat	ure of Redistered Agent Corporation Service Company	BY: Sv	/Ivia Oupp	et, Assistant Vice	President