## 113000004988

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

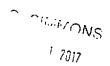
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	). :	12000000	195
REFERENC	CE :	891956	4384197
AUTHORIZATIO	ON :	Sinell	le man
COST LIMI	T :	\$ 25.00	C ROLL
ORDER DATE : October 31, 20	17		
ORDER TIME : 3:34 PM			
ORDER NO. : 891956-010			
CUSTOMER NO: 4384197			
	. <b>.</b>	<b></b>	
<u>CHANGE</u> OF	F AGENT	-	
NAME: THE PRADO S	SC, LLO	2	
PLEASE RETURN THE FOLLOWING	AS PRO	OOF OF FIL	JING:
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Roxanne Tur	mer		
	EXAMIN	NER'S INIT	IALS:

## 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.	Na	me of the limited liability company: THE PRADO SC	, LLC		· · · · · · · · · · · · · · · · · · ·		
2.	(a)	425 W. 41st Street	(b) PO Box 6481				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (-)		failing address of limited (Note: MAY BE POS)		_
		Miami Beach, FL 33140	_	Surfside, I	FL 33154	<del></del>	_
2		08/08/2013	- . –	M1300000			_
3.		Date of filing/registration in Florida	4.	!	Document number		
5.	(a)	CF Registered Agent, Inc.					
		Registered Agent and Registered Office shown on the records of the	Dept. of State:	:			
		100 S. Ashley Drive					
		Registered Office Address (MUST BE FLORIDA STREET AL					
		Suite 400					
		Tampa , FL_			TOT 31	7	
	(b)	Corporation Service Company				( w F	7
	` ,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:		-	7
		1201 Hays Street				AH 8: 45	T
		NEW Registered Office Address:				. E	
		Tallahassee F1.	32301				
the age wa	char ent w s/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liab	of the S ne registe ility con the limit mited lia	ered office a apany, it is ed liability ability comp	and the business off hereby confirmed the company or as othe pany.	fice of the registere hat the change(s) erwise provided in	
	ignay	ye of a member or authorized representative of a member	Kimm		ement LLC by Ricar Printed or typed name o		_
I I pro the to	iereb ovisio obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided y ly reflect a change in the registered office address, I he in writing of this change.	e to act i erforman for in Ch rehy con	n this capac ace of my di apter 605, afirm that th	city. I further agree uties, and I am fami F.S. Or, if this doc ne limited liability c	e to comply with the	i I
1	<u>بر</u>	yanne June			oxanne Turner		
Sig	natur	e of Registered Agent Corporation Service Company	BY:	ASSI.	. Vice President		