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Division of Corporationa

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone: (561)694-8107

Fax Number : (561)694-1639

R WITTE

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LLC REGISTERED AGENT CHANGE LCI DOWNTOWN DORAL INVESTOR, LLC

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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.

1. Na	ame of the limited liability company: LCI DOWNTO	WN DOR	143	L INVESTOR, LLC	
2. (a)	700 N.W. 107TH AVENUE		(b)	700 N.W. 107TH AVENUE	
• • • • • • • • • • • • • • • • • • • •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address of limited liab	
	SUITE 400			SUITE 400	
	MIAMI, FL 33172		-	MIAMI, FL 33172	
	08/16/2013		M	M13000005188	
3.	Date of filing/registration in Florida	4.	-	Document number	
5. (a)	CT CORPORATION SYSTEM				
	Registered Agent and Registered Office shows on the records of 1200 SOUTH PINE ISLAND ROAD	f the Florid	la D	Dept. of State;	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S		
					r- 1
	PLANTATION	33324			22.70
•					•
(b) _	Corporate Creations Network Inc.				. 3 M
	enter name of NEW Registered Agent and/or NEW Registered	Office ad	dre		•
	801 US Highway 1				·
Ä	NEW Registered Office Address:				e. e.
-					
1_	North Palm Beach FL	33408			
agent will was/were the article	ited liability company is not organized under the law rechanges are made, the Florida street address of the local be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members of organization or the operating agreement of the l	registered bility cor f the limi imited li	d o npa ted abil	office and the business office of the pany, it is hereby confirmed that the	registered
	of a methor or authorized representative of a member			Printed or typed name of signee	
the obligation to merely	accept the appointment as registered agent and agre s of all statutes relative to the proper and complete p titions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	for in Ch reby con	n th nce nap nfiri	his capacity. I further agree to con 2 of my duties, and I am familiar wi oter 605, F.S. Or, if this document rm that the limited liability compan	nply with the th and accept is being filed y has been
Signature of	Danielle Gossman, Special Secre	tary			