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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. N	ame of the limited liability company: FLORIDA EAS	T COAST IN	DUSTRIE	ES, LLC	
2. (a)	C/O FECI	(b)			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	350 NW 1ST AVENUE STE 200	F	P.O. BOX 164739		
	MIAMI, FL 33128		MIAMI, FL 33116		
	12/09/2013	М	M14000000012		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a,	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State	: :	
	COBB, KOLLEEN O.P. C/O FECI				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			20	
	350 NW 1ST AVENUE STE 200			SEC SEC	
	MIAMI	33128		PILED 2024 NOV 25 AM II: 47 SECRETARY OF STATE SECRETARY OF STATE	
	<del></del>			TARY OF	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			OF S	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	<u>'88</u> ;	REAL TO THE REAL T	
	Corporation Service Company	_		罗帝 🚨	
	NEW Registered Office Address:				
	1201 Hays Street	Hays Street			
	Tallahassee	32301			
		<u> </u>			
	limited liability company is not organized under the la e or changes are made, the Florida street address of the				
agent	will be identical. Or, in the case of a Florida limited li	ability comp	oany, it is	hereby confirmed that the change(s)	
	rere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the				
	/s/ Kolleen Cobb		*	Authorized Person	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mei	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	performanced for in Cha hereby conf	e of my a ipter 605, irm that t	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
/s/ Grace E. Kirby			Grace E. Kirby, Asst Vice President		
Signat	ure of Registered Agent				