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Account Number : 120080000104 Phone : (302)674-4089 Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please *

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LLC REGISTERED AGENT CHANGE ARPUS MANAGEMENT, 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.

(a)			ъ)				_
` .	Principal office address of limited liability company:			Mailing address of limit		-	
	(Nour. MUNT BE STREET ADDRESS)		COMO NOTO	171st Street	O. O.L.I.CO.D.	w.	
	7714 Fisher Island Drive		3800 NW	1/180 200001			_
	Fisher Island, Fl 33019		Mismi, FI	J 33015			_
	02/14/2014		M1400000	1096			
	Date of filing/registration in Florida	4,		Document number	7		
/-×	Dave Yusko						
(8)	Registered Agent and Registered Office shown on the record	s of the Floris	ia Dept. of Sta	Le:	,		
	Registered Office Address	ET ADDRES	20	_	OF THE PERSON NAMED IN	20	
	5800 NW 171st Street				 	21 .	
	Miami	, FL_33015		_	<u> </u>	1021 JUN 25	
ሌነ	NRAI Services, Inc.				AHASSEET		1
(ъ)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office t	ddress:	_	(1) (4) (2) TT (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	PX	
					\[\forall 2 \]		
				_			
	NEW Registered Office Address:				•		
	1200 South Pine Island Road		<u> </u>	_			
	Plantation	, FL ³³³²⁴					
he l	imited liability company is not organized under the	e laws of th	e State of F	lorida, it is bereby o	onfirmed tha	t after register	ed.
	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite	ed hability (company, it	12 DELEGA CONTINUES	TITING CIMI	ago(a)	
ועס/עו	ere authorized by an affirmative vote of the member	ers of the li	mited liabili	ty company or as or	therwise prov	ided in	
ert	cles of organization or the operating agreement of		n nability co hn Rhodes	mpany.			
	A/IL KAPOKE	. —	III KIRJUGS	Printed or typed nam	s of nignee		—
. ' /	file of a member or authorized representative of a member		مد وناه د: ود	in I buther or	ree to comply	with th	he
Lere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proefly reflect a change in the registered office address of in writing of this reason.	i agree to a dele perfon	ci in inis ca _l mance o∫ m	duties, and I am Ja	miliar with a	nd acce	'nţ

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