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| (Requestor's Name) | | | | | | |
|-----------------------------------------|-------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 12000000 | 195 | | |
|---------------------------------------------------|---------------|---|-----------|---------|-----------|---|
| | REFERENCE | : | 711642 | 7743020 | | |
| | AUTHORIZATION | : | Someto | Elema. | | |
| | COST LIMIT | : | \$ 25.0.0 | | ,,, è | _ |
| ORDER DATE : | July 5, 2017 | | | • | | |
| ORDER TIME : | 10:17 AM | | | | | |
| ORDER NO. : | 711642-005 | | | | | |
| CUSTOMER NO: | 7743020 | | | SE | 281 | |
| CHANGE OF AGENT CHANGE OF AGENT CHANGE OF AGENT | | | | | | |
| NAME: LAURENTIA PROPERTIES, LLC | | | | | | ٠ |

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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. | Nε | ame of the limited liability company: Laurentia Proper | rties, LLC | |
|-------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2 | (a) | 201 S. Biscayne Blvd., 22nd Floor, Miami, FL 33131 | (b) | • |
| ٠. | (4) | 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) |
| 3. | | May 19, 2014 Date of filing/registration in Florida | | M14000003384 Document number |
| J. | | Date of Hing/registration in Florida | 4. | Document number |
| 5. | (a) | Grossman, Stuart I Registered Agent and Registered Office shown on the records of the | | |
| | | 201 S. Biscayne Blvd., 22nd Floor, Miami, FL 33131 Registered Office Address [MUST BE FLORIDA STREET A.] | ZOIT JUI SECRET | |
| | | , FL_ | | ARY OF A |
| | (b) | Corporation Service Company | | Paragraphic Control of the cont |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office address: | 24 10A |
| | | 400444 | | |
| | | 1201 Hays Street NEW Registered Office Address: | | |
| | | Tallahassee FI. | 32301 | |
| the ag wa | e cha ent v is/we | imited liability company is not organized under the law unge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l | s of the State the registered bility compar f the limited I | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in |
| _ | $\frac{\mathcal{S}}{\mathcal{S}_{\text{cons}}}$ | ture of a member or authorized representative of a member | Sangini | Goenka, Manager Printed or typed name of signee |
| I i pri the to | here ovisi e obl mer | by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. | M | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been lelissa Zender |
| Ši | gnatu | re of Registered April Corporation Service Company | BY: Assi | t. Vice President |
| | | Division of Corporations P.O. B | ox 6327• Ta | llahassee, FL 32314 |

FILING FEE: \$25.00