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COVER LETTER

Division of Corporations						
SUBJECT: Wetherland Mezz, LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Richard Kracum Name of Person						
C/O Wadine Montcaln Firm/Company	1_					
5315 N. Sawyer Ave						
Address						
Chicago, IL 60625 City/State and Zip Code						
E-mail address: (to be used for future annual report no	otification)					
For further information concerning this matter, please call:						
Richard Kracum a1(312, 9532185						
Name of Person	Area Code & Daytime Telephone Number					
	MAILING ADDRESS:					
•	Registration Section Division of Corporations					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327						
	Tallahassee, Florida 32314					
TO 11 1 FI 11 20001						
Enclosed is a check for the following amount:						
-	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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.

rioriaa.					
1. Name	e of the limited liability company: <u>Wetherla</u>	ind.	Mezz	Z, LLC	
2. (a) <u>5</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Miami, Beach, FL 33109	_ (b)	М	73 Fisher ailing address of limited (Note: MAY BE POST Mi Beach	l liability company:
· /	Date of filing/registration in Florida Sohn A. GeleAy PA registered Agent and Registered Office shown on the records of the	4,]	OOOO 7 Document number	² 339
	600 Brickell Ave, Suidegistered Office Address (MUST BE FLORIDA STREET AL	te 3	600		SECRE TARY OF CORDIVISION OF CORDIVI
(b)	Richard Kracum nter name of NEW Registered Agent and/or NEW Registered O 5373 Fisher Island				PH 2: 14
<u>NI</u> 	EW Registered Office Address:	331	09		
the change agent will was/were- the article	ited liability company is not organized under the laws e or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of sof organization or the operating agreement of the limited in member or authorized representative of a member.	he regist pility con the limit mited lia	ered office npany, it is led liability ability com	and the business off hereby confirmed the company or as othe	fice of the registered hat the change(s) erwise provided in
I hereby of provisions the obligato merely-notified in	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	e to act i	n this capa	city I further agree	e to comply with the