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EXAMINER

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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)		_ (b)				
· (u) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)				ענ
	80 SW 8TH STREET, SUITE 2200 MIAMI, FL 33130	_	80 SW 87	H STREET, SU	JITE 2200 MI	AMI, F	FL 33130
	06/26/2015		M1500000	5002			
	Date of filing/registration in Florida	4.		Document n	umber		 -
5. (2)	Registered Agent and Registered Office shown on the records of to DUNNE, LORRI		-	ute:	· · · · · · · · · · · · · · · · · · ·	2	
	gistered Office Address (MUST BE FLORIDA STREET ADDRESS) 0 SW 8TH STREET, SUITE 2200			_	LIAH	E I AON 1102	
	Miami , FL	33130		_	IXXX IASSE)V 13	Ĩ.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	()(5 a) 5			E FE	AM II:	17.
	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System	Othern	101 633.		OF STATE OFLORIDA	11:21	C
	NEW Registered Office Address:	_					
	1200 South Pine Island Road			_			
	Plantation , FL	33324		 -			
e ch geni	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members dicles of organization or the operating nareement of the	ws of the reg ability of the li	e State of I sistered offi company, i mited liabi i liability c	t is hereby con lity company company company	ifirmed that or as otherwi	the cha se prov	nge(s) vided in
Sign	uture of a member of authorized representative of a member		Heve_	Printed or ty	ped name at sig	nes	Represent
here rovis	elly accept the appointment as registered agent and agents 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 sed in writing of this change. Stephanie Bo	ed for ir hereby	Chapter 6 confirm th	05, F.S. Or, i at the limited	f this docum	ent is h	eine filed

FILING FEE: \$25.00