6/12/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000156999 3)))



H170001569993ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA800000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

| **Enter | the | email | address | for | this | business | entity | to | be | used | for | future" |
|---------|------|--------|---------|-----|-------|----------|--------|-----|-----|-------|------|---------|
| an | กแลโ | renort | mailin | øs. | Enter | only one | email | add | res | s ble | ase. | ** |

| mail Addr | ress: | | |
|-----------|-------|--|--|

LLC REGISTERED AGENT CHANGE MIAMI RIVER PROJECT, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

٠.,

dev

وتش.

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.

| | ame of the limited liability company: Miami Rive | | | | |
|--|--|--|---|--|--|
| 2. (a) | Principal office address of limited liability company | | (b) | Mailing address of li | mited Hability company |
| | (Note: MUST BE STREET ADDRESS) | y. | • | (Note: MAY BE | POST OFFICE BOX) |
| | 92 SW 3rd St., CU#6 | | 92 SY | W 3rd St., CU#6 | |
| | Miami, FL 33130 | | Miam | ni, FL 33130 | |
| | 7/17/2015 | | M1500 | 0005639 | |
| | Date of filing/registration in Florida | 4. | | Document numb | ocı. |
| . (a) | | • | | | |
| . (4) | Registered Agent and Registered Office shown on the recor | ds of the Flori | da Dept. of | f State: | |
| | Universal Registered Agents, Inc. | | | | ا چانسسو روان |
| | Registered Office Address (MUST BE FLORIDA STR | EET ADDRES | | | |
| | 3458 Lakeshore Drive | | Ö. | | |
| | Tallahassee | | | | , 📆 |
| | | , l'L | | ,, | |
| (b) | Enter name of NEW Registered Agent and/or NEW Regist | | | | |
| \ - / | | | | | |
| | Enter name of NEW Registered Agent and/or NEW Regist | tered Office a | ddress: | <u> </u> | ا درع |
| | | tered Office a | ddress: | · | دري دري دري |
| | C T Corporation System | | | | ် ယ |
| | C T Corporation System NEW Registered Office Address: | | | | ် ယ |
| | C T Corporation System | | | | ် ယ |
| | C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road | | | | ် ယ |
| | C T Corporation System NEW Registered Office Address: | | | | ် ယ |
| e char gent w as/we | C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road | , FL 33324 e laws of the reged liability cers of the limited | e State of istered of ompany, nited liab | f Florida, it is hereby ffice and the business it is hereby confirme bility company or as company. | confirmed that after office of the registered that the change(s) |
| ie chai gent w as/we e artic | C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member cless of organization or the operating agreement of | , FL 33324 e laws of the reged liability cers of the limited | e State of istered of ompany, nited liab | f Florida, it is hereby ffice and the business it is hereby confirme billity company or as company. | confirmed that after office of the registered that the change(s) otherwise provided in |
| se chargent we as/we article Signature herebouiside e obligmere otified | NEW Registered Office Address: 1200 South Pine Island Road Plantation mited liability company is not organized under the name or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member cles of organization or the operating agreement of the proper and companies of all statutes relative to the proper and companies of my position as registered agent as proving reflect a change in the registered office address in writing of this change. | e laws of the segon of the limited Tar agree to accept perform the limited for in the l | e State of istered of ompany, nited liab liab liab liab liab liab liab liab | f Florida, it is hereby ffice and the business it is hereby confirme billity company or as company. Printed or typed name capacity. I further again duties, and I am food, F.S. Or, if this chat the limited liability. | confirmed that after office of the registered that the change(s) otherwise provided in |
| signature character charac | NEW Registered Office Address: 1200 South Pine Island Road Plantation mited liability company is not organized under the name or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limite re authorized by an affirmative vote of the member cles of organization or the operating agreement of the proper and companies of all statutes relative to the proper and compagations of my position as registered agent as proving reflect a change in the registered office address by reflect a change in the registered office address of the proper and companies of the proper and the pr | e laws of the segon of the limited Tar agree to accept perform the limited for in the l | e State of istered of ompany, nited liab liab liab liab liab liab liab liab | f Florida, it is hereby ffice and the business it is hereby confirme billity company or as company. Printed or typed name capacity. I further again duties, and I am food, F.S. Or, if this chat the limited liability. | confirmed that after office of the registered that the change(s) otherwise provided in |

FILING FEE: \$25.00

INHS18 (2/14)