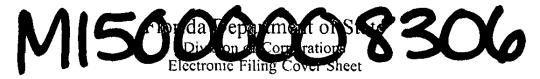
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Division of Corporations



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(((H160003202633)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number

(954) 208-0845

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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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:		
Nam	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Name of Person		ау
Firm/Company		
Address		
City/State and Zip Code		
E-mail address: (to be used for future annu-	ual report notification)	
For further information concerning this matter,	please call:	
	at ()	
Name of Person	at ()Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	<i>સ</i> પ્
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

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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)	Principal office address of limited liability company:		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
	Same		Same	· · · · · · · · · · · · · · · · · · ·			
	10/16/2015		M15000	0008306			
	Date of filing/registration in Florida	4.		Document number	er		
. (a)	DEANGULO, JUAN						
. (α)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of	State:			
	Registered Office Address MUST BE FLORIDA STREET	ADDRE.	SS)		17	_	
	2875 NE 191ST ST. STE. 800 AVENTURA	33180	•			7.7	
	AVENTURA ,, FL				င်္သ	13/7	
71.5					至		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	i Office a	ddress:		Č		
	C T Corporation System				: 42		
	NEW Registered Office Address:						
	1200 South Pine Island Road			<u></u>			
	Plantation , FL	33324					
e cha gent v as/we	imited 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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Damila Woods	ws of the fither earlies of the liter the limited	e State of gistered of company, mited liab	ffice and the business, it is hereby confirmed bility company or as ecompany.	office of the d that the cha	registe ngc(s)	
Signa	ture of a member or authorized representative of a member			Printed or typed nan	ne of signee		
	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide efy reflect a chappe in the registered office address, I	ree to a perfor	ct in this (capacity. I further ag my duties, and I am fo	gree to comply amiliar with a	with a and acc	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00