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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

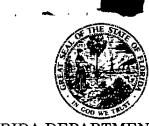


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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

July 27, 2017

RUDY VILLANUEVA 7700 N KENDALL DR SUITE 705 MIAMI, FL 33156

SUBJECT: COFE CIX AVENTURA, LLC

Ref. Number: M15000009796

We have received your document for COFE CIX AVENTURA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 117A00015209

STATEMENT OF CHANGE OF REGISTERED G 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. Na | me of the limited liability company: Cofe CIX Aver | ntura | LLC | | |
|---|---|--|---|---|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7700 N Kendall Dr. Suite 705 | _ (| | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Kendall Dr. Suite 705 | |
| | Miami, Fl 33156 | | Miami, F | FI 33156 | |
| | 12/08/2015 | | M150000 | 09796 | |
| 3. 5. (a) | Date of filing/registration in Florida Mike Verdeja | 4. | | Document number | |
| | Registered Agent and Registered Office shown on the records of the 7700 N Kendall Dr. | ne Flori | da Dept. of State | - :: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 705 | | | • | |
| | Miami , FL | 33156 | | | |
| (b) | Cofe Properties LLC | | | SEP | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 7700 N Kendall Drive | | | | |
| | NEW Registered Office Address: Suite 705 | | | Login Control | |
| | Miami , FL | 3315 | 6 | | |
| the cha agent v was/we the arti Signal I heres provisithe obliance to mercial agents with the control of the characteristic agents with the characteristic | imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | the reg bility of the li imited | gistered office company, it is mited liability liability con | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in a pany. Printed or typed name of signee activ. I further agree to comply with the | |

Signature-of-Registered Agent

DITTO TO COLLAN