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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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. \*\*

Email	Address:			
CINGILL	ACC: C33.	 	 	 

## LLC REGISTERED AGENT CHANGE FOUNDRY MEEK MANAGER, LLC

Certificate of Status	0
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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Foundry Meek Manager, LLC						
.,.,.,,	Name	Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Eric Na	adeau						
	Name of Person		<del>-</del>				
Foundr	ry Commercial, LLC						
	Firm/Company						
420 S	Orange Ave Ste 950		:				
	Address						
Orland	lo. FL 32801-4904						
	City/State and Zip Code		ι'				
eric.	nadeau@foundrycommercial.com						
ŀ	E-mail address: (to be used for future annu	al report noti	rication)				
For fu	rther information concerning this matter, p	olease call:					
Eric N	adeau	407 at (	757-1511				
	Name of Person	(	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro Di P.	AILING ADDRESS: agistration Section vision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	□ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy				
INHSI	8 (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.

Nai	me of the limited liability company: FOUNDRY MI	EEK MANAGEI	
(a) _	420 S, ORANGE AVENUE, #950	(b) 42	0 S. ORANGE AVENUE, #950
(4)	420 S. ORANGE AVENUE, #950  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32801		RLANDO, FL 32801
	11/18/2016		6000009310
	Date of filing/registration in Florida	4.	Document number
	JOAQUIN E. MARTINEZ		
(a)	Registered Agent and Registered Office shown on the records	of the Florids Sep	or, of State:
	Registered Office Address	T ADDRESS)	
	450 SQ. ORANGE AVENUE		<b>5</b> V
	ORLANDO 5	FL	FEB
(b)			<b>2</b> CO
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addres	AH 10:
	C T Corporation System		AH 10: 23
	NEW Registered Office Address:		ω ,
	1200 South Pine Island Road		<del></del>
	Plantation	FL_33324	
e cha ent v is/we arti	imited liability company is not organized under the tange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the operating agreement of a member or authorized lepresentative of a member	of the register liability comprised the limited high the	ed office and the business office of the registriany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in itity company.  Nadeau  Printed or typed name of signee
rovisi je obl mere otifice 2.1 C	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect or filinge in the registered office address d in writing of this change.  To or of Registered Agent	ugree to act in ete performand ided för in Cha . I hereby confi	this capacity. I further agree to comply with ce of my duties, and I am familiar with and acc upter 608, F.S. Or, if this document is being fi irm that the limited liability company has bee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00