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DEPARTMENT OF STATE

JUVISION OF CORPORATION

TALLAHASSEE, FLORE

LLC REGISTERED AGENT CHANGE MURANO 240, LLC

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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.

1.	Na	me of the limited liability company: Murano 2	40 LLC			
2.	(a)	18909 NE 29th Avenue	(b)	1890	9 NE 29th Avenue
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		- , .		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
		AVENTURA, FL 33180		-	ÆΥEΝ	ITURA, FL 33180
		01/29/2018		N	11800	0000978
3. 5	(a)	Date of filing/registration in Florida CARDONE, GRANT	4.		्यु इस् १	Document number
- .	(-)	Registered Agent and Registered Office shown on the recond 18909 NE 29th Avenue	<u> </u>		ept. of S	tate:
		Registered Office Address (MUST BE FLORIDA STR)	<u>EET ADDRES</u>	<u>(S)</u>		TILL AHASS
		AVENTURA,	, _{FL} 33180)		
	(b)	Corporate Creations Network Inc.				
	(-)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office a	ddr	CE1 :	
		11380 Prosperity Farms Road #221E			1.1. . <u></u> .	
		NEW Registered Office Address:				\$2.0°
	,	Palm Beach Gardens	, _{FL} 3341(כ	174°	
the age wa the	cha ent v s/we arti	imited liability company is not organized under thunge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of the member of a member or authorized representative of a member	ss of the reg ed liability o ers of the lin f the limited Kr	iste on mit lia iste	ered off apany, i eral abi bility o en Es	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Dinales, Attorney-in-Fact Printed or typed name of signee
prothe to	ierel oviși obl merc tifie	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addres the waying of this change.	a agree to ac plete perform wided for in ss, I hereby	et it nan Ch con	n this co ice of n apter to ifirm th	apacity. I jurther agree to comply with the ty duties, and I am Jamiliar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been
		Kristen Espinaies, Special S	ecretary			

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

INHS18 (2/14)