## P01000033717

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I ALBRITT

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 891956 4384197

AUTHORIZATION : Syrubole ma

COST LIMIT : \$'3.5,:00

ORDER DATE: October 31, 2017

ORDER TIME : 3:41 PM

ORDER NO. : 891956-065

CUSTOMER NO: 4384197

CHANGE OF AGENT

NAME: MLP PROPERTY HOLDINGS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.
1. The name of	the corporation: MLP PROPERTY I	HOLDINGS, INC.
	I office address: C/O Rimmon Mana	
	t Street, Miami Beach, FL 33140	
3. The mailing	address (if different): C/O Rimmon I	Management LLC
P.O. Box	6481, Surfside, FL 33154	
4. Date of incor	poration/qualification: 03/15/2007	Document number: P07000033717
	d street address of the current register furtment of State: (If resigned, enter re	ered agent and registered office on file with the signed)
	CF Registered Agent, Inc.	·
	100 S. Ashley Drive, Suite 400	57.5 20
	Tampa, FL 33602	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Corporation Service Company	Trion I
	1201 Hays Street	67.7.7.2
		NOT acceptable
	Tallahassee	FL 32301
		rect address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an officer so notified in writing of the change.
	ELLANGR	Ricardo A. Nevarez, President
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporatio By:	'my duites, and i am familiar with a	statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address. I
T)	yped or Printed Name	
	* * * FILINC	FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)