P11000042752

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6380

From:
Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
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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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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
MBEACH CONSULTING & SOLUTIONS, INC.

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Law Offices of Rafael E. Andrade, P.A.

2. The principal office address: 1210 Washington Avenue, Suite 21, Miami Beach, FL 33139

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/04/2011 Document number: P11000042752

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Levine & Partners, P.A. c/o Allan S. Reiss
1110 Brickell Avenue, 7th Floor
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

3350 Mary Street
Miami, FL 33133
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of Officer above — Rafael Andrade
Printed or Typed Name and Title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent — 6/18/15
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: $55.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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