that my name appears above, or on an attachment with all other like empowered. SIGNATURE: GABRIEL CHAVARRIA

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

(-) D-(-! . .

Authorized Person(s) Detail :			
Title	MANAGER	Title	MANAGER
Name	CHAVARRIA, GABRIEL E	Name	BRUNO, MARIELA M
Address	1800 SW 1ST AVE #605	Address	1800 SW 1ST AVE #605
City-State-Zip:	MIAMI, FL 33129	City-State-Zip:	MIAMI FL 33129

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Mailing Address:

1800 SW 1ST AVE 605 MIAMI, FL 33129 US

1800 SW 1ST AVE

MIAMI, FL 33129

605

DOCUMENT# L15000205483

Entity Name: CH2 DEVELOPMENT LLC

Current Principal Place of Business:

FEI Number: 81-0838217

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CHAVARRIA, GABRIEL E 1800 SW 1ST AVE 605 MIAMI, FL 33129 US

SIGNATURE:

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2017 Secretary of State CC4315173005

Certificate of Status Desired: No

Date

04/13/2017

MANAGER