

2/3/2020

A1900000265

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2020 FEB -3 PM 1:30

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**REGISTERED AGENT CHANGE
I.2B2 INVESTMENTS LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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FEB 04 2020

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. L2B2 Investments LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/09/2019 3. A19000000265
Date of filing/registration in Florida Florida document number


4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

L2B2 Management, LLC
Name
452 Egret Avenue
Address
Naples, FL 34108
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporate Creations Network, Inc.
Name
801 US Highway 1
Florida street address (P.O. Box not acceptable)
North Palm Beach FL 33408
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner Bernardus N. Machielse as manager of L2B2 Management, LLC

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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent Michael Reinhold, Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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