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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107

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LLC REGISTERED AGENT CHANGE LAKE VILLA ONE 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.

7 107 14.		0			
1. Na	ame of the limited liability company: Lake Villa		725 CRANDON BLVD., APT. 303		
2. (a)	725 CRANDON BLVD., APT. 303 Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		(b) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	KEY BISCAYNE, FL 33149		KEY BISCAYNE, FL 33149		
	06/17/2002		02000015003		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CALVO LIZABETH F				
. (a)	Registered Agent and Registered Office shown on the record	is of the Florida D	Dept. of State:		
	328 CRANDON BLVD., STE. 226				
	Registered Office Address	2019 AUG			
	KEY BISCAYNE	, FL_33149	FILE PROPERTY OF THE PROPERTY		
(b)	Adolfo Perez Borja Siegrist		PH 5004		
(10)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addr			
	725 Crandon Blvd. #303		. 		
	NEW Registered Office Address:				
	Key Biscayne	. FL 33149			
the cha agent was/w the art	limited liability company is not organized under thange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	e laws of the S ss of the registe ed liability con ers of the limit f the limited lia	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob- to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proely reflect a change in the registered office address of in writing of this change.	otete performat vided for in Ch ss. I hereby cor	nce of my duties, and I am familiar with and acceptapier 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
,	Jenisa Iriz	zarry, Attorney-ir	n-Fact		

Signature of Registered Agent