Division of Corporations
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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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LLC REGISTERED AGENT CHANGE LENNAR HOMES, 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.

1.	Name of the limited liability company: LENNAR HOMI	ES, LLC		
2. (a	700 N.W. 107th Ave	(b)	700 N.W	. 107TH AVE.
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400		Suite 400	
	MIAMI, FL 33172	 -	MIAMI,	FL 33172
	01/18/1954	Ľ	06000114	 706
3. 5. (i	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida D	ept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		2020
	PLANTATION , FL	33324		2020 JUL Sain 15
(b)	Corporate Creations Network Inc.			P0 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	61£:	PN 12:
	801 US Highway 1			12: 5
	NEW Registered Office Address:		:	
	North Palm Beach , FL	33408		-
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o ticles of organization or the operating agreement of the	registered (ability comp of the limite limited liab	office an pany, it i ed liabilit pility con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have in writing of this change.	performand I for in Cha nereby confi	this cap ce of my apter 603 irm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
Signat	Danielle Gossman, Specia	il Secretary		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00