Florida Department of State

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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 Phone

: (561)694-1639 Fax Number

**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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JUL 2 8 7770

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.

(a)	700 NW 107TH AVE		(b)	15131 A	LTON PARKW	'AY, SUITE 345	
а,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(4)			of limited liability company: IEEE POST OFFICE BOX) EGAL DEPT	•
	MIAMI, FL 33172			Irvine, C.	A 92618		
	11/28/2007		N	10700000	6957		
(a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.			Document nu	mber	
(4)	Registered Agent and Registered Office shown on the records 1200 SOUTH PINE ISLAND ROAD	of the Flo	ide C	ept. of Sta	te:	:s 2 1	
	Registered Office Address	ET ADDR	<u>(\$\$)</u>		-	2020 JUL 27 SECRUTAR TALLAHA	7
	PLANTATION,	FL_33324	,		-	27 I	
ხ)	Corporate Creations Network Inc.		_	<u>. </u>	_	PH -	
, -,	Enter name of NEW Registered Agent and/or NEW Register 801 US Highway 1	red Office	<u>addr</u>	' es i;		PH 1:34 OF STATE SEE, FL	
	NEW Registered Office Address:				_		
	North Palm Beach	3340			_		
ige it w /we	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of t	he registed liability is of the l he limited	ered com imite d lia	office an pany, it i ed liabilit bility con	id the business s hereby confii sy company or:	office of the registered med that the change(s) as otherwise provided)
en a fr	ure of a member or amberized representative of a member					name of signee	
reb	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address, in writing of this change.	igree to d le perfor ded for ir	ct ir man i Ch	this cap ce of my apter 605	acity. I further	agree to comply with	the cept iled n