Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

R WHIE JUL 28 II.)

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Addross:

LLC REGISTERED AGENT CHANGE RIALTO PARTNERS GP, LLC

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|-----------------------|---------|
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| Page Count | 02 |
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7/27/20, 1:24 PM

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.

| l. Na | ame of the limited liability company: RIALTO PARTNE 700 N.W. 107th Avenue | | 700 N.W. 107th Avenue | | |
|------------------------------------|--|---|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b, | (b) | | |
| | Suite 400 | | Minus Et 33172 | | |
| | Miami, FL 33172 | _ | Miami, FL 33172 | | |
| | 02/10/2009 | | м09000000562 | | |
| 3. 5. (a) | Date of filing/registration in Florida C T CORPORATION SYSTEM | 4. | Document nu | mber | |
| J. (4) | Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | <u>ADDRESS</u> |). | | |
| | | | | ~ 1 | |
| | PLANTATION FI | 33324 | | - | |
| (b) | Corporate Creations Network Inc. | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Omce ad | aress: | : | |
| | 801 US Highway 1 | | | | |
| | NEW Registered Office Address: | | | · | |
| | North Palm Beach , FI | 33408 | | | |
| change agent | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cicles of organization on the operating agreement of the | ability co of the lim limited l | mpany, it is hereby confi ited liability company or | rmed that the change(s) as otherwise provided in | |
| | Signature of a member or authorized representative of a member | | | Printed or typed name of signee | |
| Sign I here provis the ob | thire of a member or authorized representative of a member of age to and age to the appointment as registered agent and age to so the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dinferiting of this change. | ree to act performe d for in C hereby co | | | |