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 future annual report mailings. Enter only one email address please. **

Email Address:

LLC REGISTERED AGENT CHANGE 360 DEVELOPERS, LLC

Construction of the Constr	
Certificate of Status	0
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Page Count	02
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JUL 1 J 2020

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. N	Name of the limited liability company: 360 DEVELOPERS, LLC				
2. (a)	700 N.W. 107TH AVENUE		(b)	700 N.V	Y. 107TH AVENUE
(-)	Principal office address of limited liat (Note: MUST BE STREET ALL SUITE 400		_	SUITE 4	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			-		1
	MIAMI, FL 33172		-	MIAMI,	FL 33172
	06/17/2002		i	.0200001:	
3.	Date of filing/registration in	Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM				
(-,	Registered Agent and Registered Office show 1200 SOUTH PINE ISLAND ROAD	m on the records of th	e Florida l	Oppt, of Sta	ate:
	Registered Office Address (MUST BE FI	ORIDA STREET AL	DDRESS)	· —	<u> </u>
	DI ANTATION		111114	- <u>-</u>	
	PLANTATION	, FL_	3324		<u> </u>
(b)	Corporate Creations Network Inc.				
(0)	Enter name of NEW Registered Agent and/o	r NEW Registered C	Mice add	(£11):	<u> </u>
	801 US Highway I				
	NEW Registered Office Address:				<u>.</u>
	THE STATE OF THE S				
			-		<u> </u>
	North Palm Beach	, FL_	3408	·	
change agent v was/w the art	or changes are made, the Florida street will be identical. Or, in the case of a Fl	et address of the re lorida limited liab f the members of greement of the lin	egistered ility con the limit mited lia	office ar pany, it i ed liabili bility cor	is hereby confirmed that the change(s) ty company or as otherwise provided in
_			. to got i	. this com	
nere provisi the obl to mer notifie	by accept the appointment as registere ions of all statutes relative to the prope ligations of my position as registered a ely reflect a charge in the registered of d in writing of this change.	u ageni ana agree ir and complete pe gent as provided f flice address, I hei	erforman for in Ch reby con	tinis cap ce of my apter 60. firm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	Danielle	Gossman, Special	Secretary	•	
2.Kitati					
	Division of Corpo	rations• P.O. Bo FILING FE			issee, FL 32314

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