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To:		
•0.	Division of Corporations	
	Fax Number : (850)617-6383	SSE C
From:		mc s
	Account Name : CORPORATE CREATIONS INTERNAT	IONAL INC
	Account Number : 110432003053	52.
	Phone : (561)694-8107	强꼬.
	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.

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REGISTERED AGENT CHANGE PALM LAKE RENOVATION, LLLP

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Page Count	02
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OCT 12 2015 J. HARRIS

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	PALM LAKE RE	NOVATION,	LLLP	
Nau	me of Limited Partnership or Lin	nited Liability Lin	nited Partnership	
2. 1	1/15/2011	3.	A11000000839	
Date of filing	registration in Florida	F	Florida document number	
4. The name of the rep Department of State:	gistered agent and the registered	office address as a	shown on the records of the F	Porida
	REGISTERED AGEN	T SOLUTION	S, INC.	. <u>2</u> 2
·	Nai	ne		
	155 OFFICE PLAZ	A DRIVE SUI	TEA	2015 OCT -9 SILVACIAZO
	Add	ress		5 7
	TALLAHASSI	EE, FL 32301	<u> </u>	_ ف ﷺ
'	City, State	and Zip	[7	<u> </u>
5. The name and Flori	ida street address of the new reg	istered agent and/o	or office:	<u> </u>
	Corporate Creation	ons Network in	<u>1C.</u> Ş	(t) (d)
	Nat	ne		
	11380 Prosperity F	arms Road #2	21E	
	Florida street address (P.	O. Box not accept	able)	
	Y Palm Beach Garde	ens FL	33410	
1	City, State	and Zip		
6. Such change(s) is/a	ire affective when filed by the Fl	orida Department	of State.	
				1 D
Signature of General P	armer	By: Kristine Duran, Spi	ASSISTANCE CORPORATION - Geo Boldi Secretary	(elsa rajiya
	1			
comply with the provis	cointment as registered agent ar ions of all statutes relative to the	id agree to act in t e proper and comp	his capacity. I further agree dete performancs of my dutie	10 25,
and am familitar with	an accept the obligations of my	position as registe	ered agent.	
	Kristine Duran, Special Secretary			
Signature of Registere	d/Agent			
Filing Fee:	\$35.00			
Certified Copy (o	ptional): \$52.50			