

Division of Corporations

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Florida Department of State
Division of Corporations
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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: _____

**REGISTERED AGENT CHANGE
VR CYPRESS POINTE LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUN 01 2016
J. HARRIS

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**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. VR CYPRESS POINTE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/05/2012 3. B12000000257
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporate Creations Network Inc.
Name
11380 Prosperity Farms Road #221E
Florida street address (P.O. Box not acceptable)
Palm Beach Gardens FL 33410
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
VR CYPRESS POINTE GP LLC, General Partner

By: Kristine Roy, Special Manager
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Kristine Roy, Special Secretary
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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16 MAY 31 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA