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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I19990000010 : (561)832-3300 Phone Fax Number : (561)655-1109

| Ent | er | the | email | address | for | this | busine | 255 | entity | to | be ι | ised ¹ | ffon _e ful | ture |
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REGISTERED AGENT CHANGE YTG PALM BEACH GC, LP

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Help

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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.

| VTC DATA | (DEACH CO. LD | , | | | |
|--|--|-----------------------------------|--------------------------------------|--|--|
| · · · | I BEACH GC, LP ame of Limited Partnership or Limited | Lightlity Limited Damasahin | | | |
| | and of Diffited Faithership of Diffitted | | | | |
| 2. 12/10/2014 | / * | 3. <u>B1400000278</u> | | | |
| Date of thin | g/registration in Florida | Florida documen | l number | | |
| 4. The name of the no Department of State: | egistered agent and the registered offic | e address as shown on the rec | ords of the Florida | | |
| | HERTZ, CLIFFORD I. | | | | |
| | Name | | | | |
| | ONE NORTH CLEMATI | S ST., SUITE 500 | | | |
| | Address | ···· | | | |
| | WEST PALM BEACH, | FL 33401 | | | |
| | City, State and | Zip | | | |
| 5. The name and Flo | rida street address of the new registere | d agent and/or office: | | | |
| | Name | | | | |
| | 360 SOUTH ROSEMARY AV | ENUE, SUITE 1410 | | | |
| | Florida street address (P.O. B | ox not acceptable) | | | |
| | WEST PALM BEACH | FL 33401 | | | |
| | City, State and | | | | |
| 6. Such change(s) is/s | are effective when filed by the Florida | Department of State, | | | |
| | | • | 6 € ~ | | |
| Signature of General I | Partner | | urther agreed of my duties EE FLORIC | | |
| ! hereby accept the ar | ppointment as registered agent and agi | ree to act in this capacity. I fi | urther garee to | | |
| comply with the provi | sions of all statutes relative to the proj | er and complete performance | e of my duties | | |
| and I am familiar will | h an accept the obligations of my posit | ion as registered agent. | | | |
| | | | A. C. | | |
| Signatule of Registere | a Agent | | 85 T | | |
| Fur D | /),,,, | | - | | |
| Filing Fee: | 535.00 | | | | |

Certified Copy (optional): \$52.50