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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.\*\*

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## REGISTERED AGENT CHANGE LMV II GRAND BAY POD V HOLDINGS, LP

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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.

L LMV II GRAI	ND BAY POD V HOLD	INGS, LP
Na	me of Limited Partnership or Lin	mited Liability Limited Partnership
2. 11/06/2017		3. B17000000265
Date of filing/registration in Florida		Florida document number
4. The name of the re Department of State:	gistered agent and the registered	l office address as shown on the records of the Florida
	CT CORPORATION S	SYSTEM
	Nai	me
	1200 SOUTH PINE ISL	LAND ROAD
	Add	Iress
	PLANTATION, FL 333	324
	City, State	e and Zip
5. The name and Flor	ida street address of the new reg	zistered agent and/or office:
	Corporate Creations N	Network Inc.
	Na	eme
	801 US Highway 1	
	Florida street address (P	P.O. Box not acceptable)
	North Palm Beach	FL_33408
	City, Stati	e and Zip
6. Such change(s) is/	are effective when filed by the F	Torida Department of State.
Col Mann	Courtney Nanke,	, Attorney in Fact
Signature of General	Partner	-
comply with the provi and I am familiar with	isions of all statutes relative to the h an accept the obligations of my	
ColMann		Special Secretary
Signature of Register	ed Agent	
Filing Fee: Certified Copy (	\$35.00 optional): \$52.50	