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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Email Address:

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.\*\*

REGISTERED AGENT CHANGE STANDARD PACIFIC OF SOUTH FLORIDA GP, INC.

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

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## FLED

## Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

	ange is suomutea for a corporation er to change its registered office or	~	, , , , , , , , , , , , , , , , , , ,		_
	the corporation: STANDARD PAC	_	1	из.	
	office address: 700 N.W. 107TH A				_
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 12/17/2002 Document		number: F02000006268			
5. The name and	d street address of the current regis trment of State: (If resigned, enter	tered agent and register			_
	CT CORPORATION SYSTEM				
	155 OFFICE PLAZA DR., STE A			2EC	1
	TALLAHASSEE, FL 32301			開発	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) ar	d /or registered office	XRY OF HASSE	2
	Corporate Creations Network Inc.			TIST TIST	-
	801 US Highway I				C
		P.O. Box NOT acceptable			
	North Palm Beach, Florida 33408	· · · · · · · · · · · · · · · · · · ·			
The street addre	ess of its registered office and the be identical.	street address of the bu	 isiness office of its regi 	stered ager	11
Such change wa authorized by th	s authorized by resolution duly a board, or the corporation has be	dopted by its board of cen notified in writing	directors or by an office of the change.	n so	
!			an, Attomey-in-Fact		
	e clan office or director		ed or typed name and little		-
l hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered ago o comply with the provisions of a d I am familiar with and accept th ng fited merely to reflect a change been notified in writing of this ch	ent and agree to act in Il statutes relative to the de obligation of my pos e in the registered offic nange.	this capacity, e proper and complete ltion as registered ager e address, I hereby con	performan it. Or, if th firm that th	10 11
/		07/30/2020			
Sign	usture of Registered Agent		Date		•
f signing on bel	nalf of an entity:				
	n, Special Secretary				
Ту	ped or Printed Name				
	* * * FILIN	G FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)