Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053 : (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 STANDARD PACIFIC OF FLORIDA GP, INC.

	Control of the Contro
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ALBRITTON

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	-			\$17.1508, Florida Statutes, this was of the State of Delaware	
				th, in the State of Florida.	
1. The name of the	corporati	on: STANDARD PACIFIC	C OF FLORIDA GP,	INC.	
2. The principal of	fice addre	700 N.W. 107TH AVE	NUE, Suite 400, MI	AMI, FL 33172	
3. The mailing add	ress (if di	fferent):			
4. Date of incorpor	ation/qua	ification: 04/06/2009	Document	number: F09000001377	
		ss of the current registere te: (If resigned, enter resig		ed office on file with the	
C	T CORP	DRATION SYSTEM			
1	200 SOUT	TH PINE ISLAND ROAD			6707
p	LANTAT	ION, FL 33324			
6. The name and st (if changed):	reet addre	ss of the new registered a	gent (if changed) an	d for registered office	
<u>C</u>	orporate C	reations Network Inc.			
80	1 US High	nway I			
			Box NOT acceptable		
. <u></u>	orth Palm	Beach, Florida 33408			
The street address as changed will be	of its regi	stered office and the stre	et address of the bu	siness office of its registered ag	ent
Such change was a authorized by the	uthorized loard, or	by resolution duly adopted the corporation has been	ted by its board of enotified in writing o	directors or by an officer so of the change.	
(_'	SO)	<u> </u>		 nn, Attorney-in-Fact	
- (an officer of			ed or typed name and title	_
I hereby accept the I further agree to co of my duties, and document is being corporation has he	appening omply with a series of the complex of the	tent as registered agent to the provisions of all subtent with and accept the old the country to reflect a change in d in writing of this chang	and agree to act in active to the bligation of my pos the registered office.	this capacity. e proper and complete perform tion as registered agent. Or, tf e address, I hereby confirm that	inc thi the
	$\mathcal{Y} /$		07/30/2020		
Signatu	of Register	ed Agent		Date	_
If signing on behal	fofan en	tity:			
Danielle Gossman, S	pecial Sec	retary			
Typed	or Printed N	erne			
		* * * FILING F	FEE: \$35.00 * * *		

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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