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LLC REGISTERED AGENT CHANGE BROOKWOOD PARK, L.L.C.

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SEP 1 2 2018

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited lability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Nar	me of the limited liability company: BROOKV	VOOD PA	ARK, L.L.C.		
	1102 A1A NORTH, STE 206	(b)	1102 A1A NORTH, STE 206		
2. (a) _	Principal office address of limited liability company: (Note: MUST RF. STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY HE POST OFFICE BOX)		
	PONTE VEDRA BEACH, FL 32082		PONTE VEDRA BEACH, FL 32082		
	10/13/2000		L00000012485		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:		
	1102 A1A NORTH, STE 206 Registered Office Address (MUST BE FLORIDA STREET	40085551	 ::: 5		
			—— SEP		
	PONTE VEDRA BEACH F	L <u>32082</u>	<u></u>		
1131	Corporate Creations Network Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre			
	11380 Prosperity Farms Road #221E				
	NEW Registered Office Address:				
	Palm Beach Gardens, F	33410			
the char agent w	mited liability company is not organized under the la nge or changes are made, the Florida street address o fill be identical. Or, in the case of a Florida limited l are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the registe inhility com of the limite a limited lial	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.		
		Caitli	Caitlin Lazarus, Attorney-in-Fact		
Signa	ure of a menuber or authorized representative of a member		Printed or typed name of signee		
I hereb provisie the obli to mere notified	oy accept the appointment as registered agent and agent of all standy's relative to the proper and complete igations of my position as registered agent as providely reflected charge in the registered office address, I in writing artifus change.	ree to act is e performan ed for in Ch hereby con	n this capacity. I further agree to comply with the ce of my duties, and I can familiar with and accept apper 605, F.S. Or, if this document is being filed firm that the limited hability company has been		
	c of Registered Agenty	dai Secre	ату		
	Division of Corporations P.O.	Box 6327⊕ FEE: \$25.00			
INUS18 (2/)			•		