

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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.

Email Address:

LLC REGISTERED AGENT CHANGE LENNAR FINANCIAL SERVICES, LLC

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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 603.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: LENNAR FINAN	CIALS	SER'	nces, li	_C 		
2. (a)	760 NW 107TH AVENUE., 4TH FLOOR		(b)	700 N.W.	107TH AVE.		
2. (¤)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- .'		Suite 400	Mailing address of limited (Note: MAY BE POST		
	MIAMI, FL 33172	- -	-	MIAMI, F	L 33172		
	02/06/2002		LO	20000029	932		
3. 5. (a)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.			Document number		
J. (a)	Registered Agent and Registered Office shown on the records of to 1200 SOUTH PINE ISLAND ROAD	he Flori	da D	ept. of State	· :	2670	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			0,			
	PLANTATION ,FL	33324			. -	22	
(b)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıddr	<u></u>	-	PH 12: 51	±"
	801 US Highway 1 NEW Registered Office Address:				-	Œ	
	North Palm Beach , FL	33408			-		·
change agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of f the li- limited	red comp mite l list	onice and sany, it is d liability sility com	hereby confirmed the company or as other	at the cha	nge(s)
			плеі	le Gossina	Printed or typed name of	signee	
I here provisi the obl to mere notified	nure of a member or abharized representative of a member by accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete to igations of my position as registered agent as provided ify reflect a change in the registered office address, I h d in writing of this change. Danielle Gossman, Specie re of Registered Agent	for in ereby	Chi conj	this capa te of my a upter 605, irm that i	acity. I further agree	to comply	with the nd accept eing filed as been