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To:

Division of Corporations

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From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

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LLC REGISTERED AGENT CHANGE LHI RENAISSANCE, 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 605.0114 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. 1	Name of the limited liability company: LHI RENAISSA!	NCE, LLC		
2. (a	700 N.W. 107th Ave.	(b)	700 N.W	7.107TH AVE.
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 400		Suite 400	
	MIAMI, FL 33172	_	MIAMI.	FL 33172
	02/26/2003	1	L03000007	152
3.	Date of filing/registration in Florida	4.		Document number
5. (a	CT CORPORATION SYSTEM			
J. (L)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	l
	1200 SOUTH PINE ISLAND ROAD	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FIL 22 JUL 22 SEGKE JAN TAKE JAN
(b)	PLANTATION , FL	33324		FILE MELIARY OF THE AMASSE
	Corporate Creations Network Inc.		M 9: 45	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	301 US Highway 1			
	NEW Registered Office Address:			
	North Palm Beach , FL	33408		
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the	registered ability con of the limi limited lis	i office ar npany, it i ted liabili ability cor	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sign	nature of a member or authorized representative of a member	Danie 	EHE CONSTI	an, Attorney-in-Fact Printed or typed name of signee
I her provi the oi to me	reby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	ee to act i performa d for in Ci bereby coi	in this cap nce of my hapter 60 nfirm that	acin: I further norse to comply with the
C!	Danielle Gossman, Speci	ai Secretar	У	
Signa	nure of Registered Agent			
	Division of Corporations P.O. 1	Box 6327	• Tallaha	issee, FL 32314

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00