

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone Fax Number

: (561)694-8107 : (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 S. FLORIDA CONSTRUCTION II, LLC

Certificate of Status	0
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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. N	ame of the limited liability company: S. FLORIDA CO	NSTE	RU	CTION II, LLC			
2. (a)			(b)	Avenue		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		•	address of limit	-	
	Suite 400			Suite 400			
	Miami, FL 33172	_		Miami, FL 33172	2		·
	05/14/2003			L03000017406			
3. 5. (a)	Date of 5ling/registration in Florida CT CORPORATION SYSTEM	4.		Docum	nent number	·	
5. (a)	Registered Agent and Registered Office shown on the records of a 1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRI</u>	<u>ESS</u>	2			
	PLANTATION , FL	33324	4			2070 . 8"	
(b)	Corporate Creations Network Inc.						
. , -	Enter name of NEW Registered Agent and/or NEW Registered (Office	ade	lress;		27	
	801 US Highway I					PII 4:	
	NEW Registered Office Address	•				: 27	·
•	North Palm Beach , FL	33408	}				
agent wi was/were the articl	nited liability company is not organized under the laws or changes are made, the Florida street address of the rell be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the soft organization or the operating agreement of the line.	gister ility c the lir mited	on mit lia	office and the bus pany, it is hereby ed liability compa-	sixess office of confirmed the my or as other	of the regist	ered
Signatur	gnature of a member or authorized representative of a member				Printed or typed name of signee		
he obliga o merely	accept the appointment as registered agent and agree is of all statutes relative to the proper and complete peations of my position as registered agent as provided for reflect to change in the registered office address, I here is writing of this change.	to ac rform or in (eby c	et ii nan Ch con	this capacity. I fi ce of my duties, an apter 605, F.S. Or firm that the limite	urther agree ad I am famili , if this docu d liability co	to comply with and interment is being ment in the intermediate intermediate in the int	vith the laccept ng filed been
Signature o	Danielle Gossman, Special Secretary of Registered Agent	ř					