

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

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.

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LLC REGISTERED AGENT CHANGE CL VENTURES, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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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 | Tame of the limited liability company: | ,LLC | | | | | |
|--|--|---|---------------------------------|---|--------------------------------------|--|--|
| 2. (a) | 10481 BEN C PRATT/SIX MILE CYPRESS PKWY | | (b) | 700 N.W. 107th Avenue | V. 107th Avenue | | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | Mailing address of limited liability con (Nate: MAY BE POST OFFICE B SUITE 400 | | | |
| | FT. MYERS, FL 33966 | | - | MIAMI, FL 33172 | | | |
| | 08/26/2004 | | | L04000063424 | | | |
| 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 1200 SOUTH PINE ISLAND ROAD | the Flor | nda D | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) |) U. | : | | | | |
| | PLANTATION , FL | - J | ٠ | | | | |
| (b) | Corporate Creations Network Inc. | | , | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office: | ddre | EDS: | | | |
| | 801 US Highway ! | | | · | | | |
| | NEW Registered Office Address: | | | | | | |
| | North Palm Beach , FL | 33408 | | | | | |
| agent w was/we | mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability. | register pility c the lir imited | red o ompa nited liabi | office and the business office of the register bany, it is hereby confirmed that the changed d liability company or as otherwise provid- ility company. | स e d e(s) | | |
| Sionah | re of a member or authorized representative of a member | e Gossman, Attorney-in-Fact | | | | | |
| I hereby provision the obligation to merely notified | y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete practions of my position as registered agent as provided y reflect a change in the registered office address, I he in writing of this change. Danielle Gossman, Special of Registered office | | | Printed or typed name of signee this capacity. I further agree to comply w e of my duties, and I am familiar with ana pter 605, F.S. Or, if this document is bein rm that the limited liability company has l | ith the accept g filed seen | | |