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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

R WHITE

Account Number : 110432003053

: (561)694-8107

JUL 28 III

Fax Number

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## LLC REGISTERED AGENT CHANGE RES-NC ONE, LLC

Certificate of Status	0
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Page Count	02
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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:	.C			
2. (a)	700 N.W. 107th Avenue	(b	700 N.W	V. 107th Avenue	
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 400	_	Suite 400		
	Miami, Fl. 33172	_	Miami, F	1. 33172	
	06/04/2010		L10000060	198	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number	
J. (4)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	ne Florida	Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			· · · · · · · · · · · · · · · · · ·	
	PLANTATION , FL	33324			
(b)	Corporate Creations Network Inc.			:	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u></u>		
	801 US Highway I			=======================================	
	NEW Registered Office Address:				
	North Palm Beach , FL_	33408			
change agent v was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the li	egistered pility con the limi	l office an npany, it is ted liabilit	d the business office of the registered is the change(s) is company or as otherwise provided in	
		Danie	elle Gossma	n, Attorney-in-Fact	
	ure of a member or anthorized representative of a member			Printed or typed name of signee	
provisi the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point on my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act i erforma for in Cl reby cor	in this cape nce of my e hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept   F.S. Or, if this document is being filed the limited liability company has been	
Signatur	Danielle Gossman, Special Secretar	гу			

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