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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.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE FLORDADE LLC

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Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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. Ne	ame of the limited liability company:FLORDADE	E LLC			
2. (a)	700 N.W. 107th Avenue		(b) 700 N.W. 107th Avenue		
. ( )	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<del>/;</del>		(ailing address of limited liability company:	
	Suite 400		SUITE 400		
	MIAMI, FL 33172	<del>.</del>	MIAMI, FI	33172	
	MINUTE STATE				
	02/17/2011		L1100002088	30	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	CT CORPORATION SYSTEM				
p. (42)	Registered Agent and Registered Office shown on the record	ds of the Flo	rida Dept. of State:		
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
				<b>~</b> 3	
	PLANTATION	, FL 33324	1	2020 JUL	
		<i></i>			
(0)	Corporate Creations Network Inc.			ı	
	Enter name of NEW Registered Agent and/or NEW Registered	ered Office	address:	9	
	801 US Highway 1			AH 10:	
	NEW Registered Office Address:			· —	
				· <del></del>	
	North Palm Beach	, FL_33408	1		
hange igent w vas/we:	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limitere authorized by an affurnative vote of the memberles of organization or the operating agreement of	the registed liability ers of the limited	ered office and company, it is t imited liability of it liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Signat	ure of a member or authorized representative of a member		F	Printed or typed name of signee	
rovisio he obli <sub>t</sub> o mere	ny accept the appointment as registered agent and ins of all statules relative to the proper and compl gations of my position as registered agent as prov ly reflect a change in the registered office address in wniting of this change.	ete nertor	mance of my du	ties, and Lam tamiliar with and accept	
A.	Danielle Gossman, Sp	pecial Secre	etary		
ignatur	e of Registered Agest				