From, Kaity Toon

3/8/22, 5:35 PM

Division of Corporations



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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. Na	une of the limited liability company:			
2. (a)	525 OKEECHOBEE BLVD	(b) 525 OKEE	ECHOBEE BLVD
	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1770		SUITE 17	70
	WEST PALM BEACH, FL 33401	_	WEST PA	LM BEACH, FL 33401
	12/29/2011		L110001453	339
3.	Date of filing/registration in Florida	- 4.		Document number
د.ن ع	CORPORATE CREATIONS NETWORK INC.			
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Stat	- e:
	Registered Office Address (MUST BE FLORIDA STREET A	<u>(D</u> DRES	<u>SSI</u>	
	801 US HWY 1, Unti 2008/09			2022
	NORTH PALM BEACH	33408		2022 HAR
(b)	C T Corporation System			AN FILI
	Enter name of NEW Registered Agent and/or NEW Registered Office address.		PM 2:	
	NEW Registered Office Address:			- Si 70
٠	1200 South Pine Island Road	<u>.</u>		_
	Plantation	33324		
the chargent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the interest of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and complete	the regability of the limited	gistered office company, it mited liabili I liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpuny. Printed or typed name of signce
the ob to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided with reflect a change in the registered office address, I is discussed in writing of this change. CT Corporation System by Katly Toon, Asst. Secretary		Chapter 60 confirm that	