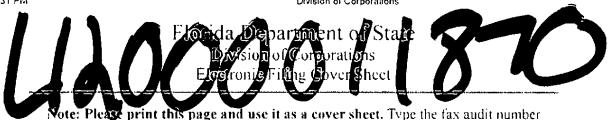
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Division of Corporations



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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE ELMWOOD PE, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{\circ}$

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	ame of the limited liability company: ELMWOOD PE.	LLC				
2. (a)	7349 MERCHANT COURT		7349 ME	RCHANT COL	IRT	
2. (,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Nate: MAY)		
	LAKEWOOD RANCH, FL 34240	_	LAKEWO	OOD RANCH. I	FL 34240	
	01/25/2012	_	L12000011	870		
3.	Date of filing/registration in Florida	4.		Document nu	amber	
5. (a)	CORPORATE CREATIONS NETWORK INC.					
(,	Registered Agent and Registered Office shown on the records of the 801 US HIGHWAY 1	he Florid	a Dept. of Stat	e.		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRES:	<u>5</u> 1	-		
	NORTH PALM BEACH , FL.	33408		_	€.	2023
(b)	C T Corporation System					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	_	• •	
				_	÷	
	NEW Registered Office Address:					Si
	1200 South Pine Island Road			_	• •	03
	Plantation, FL	33324	_	_		
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regional the line of the line line line line line line line lin	stered offic ampany, it i aited liabilit	e and the busing shereby configure of the company or impany. ANAGER	ness office irmed that (as otherwi	of the registered the change(s) se provided in
Signa	Signature of a member or authorized representative of a member			Printed or typed name of signee		
provisi the obl to mere notified By: s	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete i igutions of my position as registered agent as provided by reflect a change in the registered office address. I have the writing of this change. C T Corporation System EAIL EMERICA ASSISTANT SECRETARY TO OF REGISTERED AGENT.	ee 10 ac. perform Ljor in (jereby c	t in this cap ance of my "hapter 60, anfirm that	acity. I furthe duties, and I c 5, F.S. Or, if t the limited he	r agree to m familiat his docume bility comp	comply with the with and accept and is being filed owny has been