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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

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. **

Email	Address:	

LLC REGISTERED AGENT CHANGE IANE PROPERTIES I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

By: C T Corporation System
Signature of Registered Agent

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.

L No	ame of the limited hability company: IANE PROPER	RTIES I, LLC			
2. (a)	7349 MERCHANT COURT		7340 MERCHANT COURT		
•	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	LAKEWOOD RANCH, FL 34240	LA	KEWOOD RANCH, FL 34240		
	01/26/2012	L120	000012615		
3. 5. (a)	Date of filing/registration in Florida CORPORATE CREATIONS NETWORK INC.	4.	Document number		
(,	Registered Agent and Registered Office shown on the records of 801 US HIGHWAY 1	of State.			
	Registered Office Address (MUST BE FLORIDA STREET)				
	NORTH PALM BEACH , F	FL, 33408			
(b)	C T Corporation System	``a. ``			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	2023 % 5:5		
	NEW Registered Office Address				
	1200 South Pine Island Road				
	Plantation I-	41. <mark>33324</mark>			
the cha agent w was we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compar of the limited l ac limited liabili	I office and the business office of the registered sy, it is hereby confirmed that the change(s) iability company or as otherwise provided in		
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee		
I herel provision the obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of me position as registered agent as provia ily reflect a change in the registered office address. I I in writing of this change.	grev to act in th te performance led for in Chapt I hereby confirm			