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S.

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2020 JUL 22

## LLC REGISTERED AGENT CHANGE LEN-CG SOUTH, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	



## 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.	Ne	ame of the limited liability company:	LLC				
2	(a)	6750 Porum Drive		(b)	2502 N. R	ROCKY POINT DRIVE	
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	<b>(</b> •)		Mailing address of limited liabilit (Note: MAY BE POST OFFIC	
		Suite 310	_		SUITE 10	050	
		Orlando, FL 32821	-	-	TAMPA, I	, FL 33607	
		02/13/2012		L	120000212	238	
3.		Date of filing/registration in Florida	4.		· · · · · · · · · · · · · · · · · · ·	Document number	
۲	(8)	CT CORPORATION SYSTEM					26
	()	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Flori	ida D	ept. of State		<u>بت</u> ایل 20 ا
		Registered Office Address (MUST BE FLORIDA STREET AL		снат У 1944 и У .			
		PLANTATION, FL	3324			F	
	(b)	Corporate Creations Network Inc.				•	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered O	filce (	2ddr	<u>:35</u> :	-	
		801 US Highway 1					
		<u>NEW</u> Registered Office Address:				-	
		North Palm Beach , FL 3	3408			-	
cha age: was	nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of t les of organization of the operating agreement of the lir	egiste ility c the lii	red ( comp mite	office and any, it is d liability	d the business office of the r s hereby confirmed that the c y company or as otherwise p	egistered change(s)
<u>.</u>		2	Da	niell		n, Attomey-in-Fact	
I he bro he o n ioti	ereb visió obli; terei fied	the of a member or suthorized representative of a member y accept the appointment as registered agent and agree of all statutes relative to the proper and complete pe- gations of my position as registered agent as provided for y reflect a change in the registered office address, I her in writing of this change. Danielle Gossman, Special S	rjorn or in reby c	and Cha confi		Printed or typed name of signee acity. I further agree to com duties, and I am familiar wit , F.S. Or, if this document is he limited liability company	ply with the h and accept s being filed has been
Sigr	atur	e of Registered Agent					

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