Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Corporate Filing Menu

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. Na	me of the limited liability company: 7 STAR ISLAND I	LC		
2. (a)	700 NW 107TH AVENUE	(b) 700 NW	07TH AVENUE
. (.,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 400,		SUITE 40	Ç i
	MIAMI, FL 33172	- -	MIAMI, I	L 33172
	05/07/2012		1.12000061	8 37
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 the 801 US HIGHWAY 1	e Floric	la Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRES</u>	<u>(S)</u>	20
	NORTH PALM BEACH , FL	33408		
(b)	CT CORPORATION SYSTEM			n 02
	Enter name of NEW Registered Agent and/or NEW Registered C	Office 1	ddress:	7 (A)
	1200 SOUTH PINE ISLAND ROAD			11: #5 23:1102
	NEW Registered Office Address:			7
	PLANTATION	33324		
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liab cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	egiste oility of the lift imited	red office ar company, it mited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany.
Signa	ture of a member or authorized representative of a member	Ke	vin Dutcau,	Attorney-in-Fact Printed or typed name of signee
l here provis the ob to mer	thy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.	e to ac perform for in ereby (ct in this cap nance of my Chapter 60 confirm that	pacity I further garee to comply with the
0.	Kevin Duteau, Attorney-in-F	act		
Signati	ure of Registered Agent			1

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