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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE R-RANCH DEVELOPMENT, LLC

Certificate of Status	0
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707 5 8 3330

## 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.

i. Na	ame of the limited liability company: R-RANCH	DEVELOPMEN	T,LLC		
2. (a)	700 NW 107TH AVE	(b)	700 N.V	V. 107th Avenue	
	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 400		Suite 40	b	
	MIAMI, FL 33172		Miami.	FL 33172	
	11/29/2012	1	L1200014	9840	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
(b) _	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of St	te:	
	1200 SOUTH PINE ISLAND ROAD			SS 28	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FIL 1020 JUL 27 SECRETARY TALLARIA	
	PLANTATION	, FL_33324		- ທີ່ <u>-</u>	
	Corporate Creations Network Inc.			OF ST	
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office add	гезі:	TATE FL	
	801 US Highway I			m <b>&amp;</b>	
	NEW Registered Office Address:				
	North Palm Beach	_, FL_33408			
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the membeles of organization or the operating agreement of	of the registered led liability con- pers of the limit of the limited lia	l office an apany, it ted liability con the liability contains the liability	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Cianan	ure of a member or authorized representative of a member		ille Gossn	Printed or typed name of signce	
I hereb provision the obli to mere notified	by accept the appointment as registered agent and one of all statutes relative to the proper and compations of my position as registered agent as profix reflect a change in the registered office address in writing of this change.  Danielle Gossman, Special Second Registered Agent	plete performat byided for in Cl ss, I hereby cor	n this cap nce of my napter 60 nfirm that	I found on some to someth with the	

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