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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

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

l tems	Address:	

LLC REGISTERED AGENT CHANGE CF HOPKINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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JUL 1 0 2020

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.

Name of the limited liability company: CF HOPKINS L	LC
700 N.W. 107th Avenue	(b) 700 N.W. 107th 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 400
MLAMI, FL 33172	MIAMI, FL 33172
04/24/2013	L13000060164
Date of filing/registration in Florida	4. Document number
CT CORPORATION SYSTEM	
Registered Agent and Registered Office shown on the records o	of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD	f the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET	
<u> </u>	9
TO LARTE MODE	33324
PLANTATION , F	L
Corporate Creations Network Inc.	ယ
Enter name of NEW Registered Agent and/or NEW Registers	
Enter name of the W Replaced About minute the W Replace	. O///CO MUNICAL.
801 US Highway 1	
NEW Registered Office Address:	
North Palm Beach	L_33408
limited liability company is not organized under the lage or changes are made, the Florida street address of the	two of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
nature of a member or authorized representative of a member	Printed or typed name of signee
reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I ted in writing of this change.	ree to act in this capacity. I further agree to comply with the eperformance of my duties, and I am familiar with and accepted for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Danielle Gossman, Spec	ial Secietary