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JUN - 6 2014 R. WHITE From:	Division of Corporations Fax Number : (850)617-6383
K. Winte	Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 56 - 888 - 886 - 866
annual repo Email Addro	l address for this business entity to be used for future ort mailings. Enter only one email address please.**
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STATEMENT OF CHANGE OF REGISTEREI BOTH FOR LIMITED LIA	
1. The name of the limited liability company is: THIRI	D LAKE CAPITAL NAPLES MANAGER, LLC
2. (a) Principal office address of the limited liability comapny:	100 NORTH TAMPA STREET
(Note: MUST BE STREET ADDRESS)	<u>STE 4000</u> TAMPA FL 33602
(b) Mailing address of limited liability company:	100 NORTH TAMPA STREET STE 4000
(Note: MAY BE POST OFFICE BOX)	TAMPA_FL_33602
4/24/2014	L14000067243
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	JONES, KENNETH P
Registered Office Address:	100 NORTH TAMPA STREET
	STE 4000
	TAMPA FL 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	eristered Office address:
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address:	11380 Prosperity Farms Road #221B
(MUST BE FLORIDA STREET ADDRESS)	Palm Beach Gardens FL 33410
or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company an affirmative vote of the members of the limited liability company the operating gramment of the limited liability company. (Signature of a member or authorized representative of a member) by Jessica Morales as attorney-in-fact (Printed or Typed name of signee) I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance	, it is hereby confirmed that the change(s) was/were authorized by bany or as otherwise provided in the articles of organization or to act in this capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the obligations of
in the realized office address. I hereby confirm that the limite	, F.S. Or, if this document is being filed to merely reflect a change d liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallabassee, FL 32314

INHS18(10/99)

Corporate Creations International Inc.

11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107