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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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.

(a)	60! Fairway Drive		(b) 601 Fairway Drive					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)_		Maiting address of limit			
	Deerfield Beach, FL 33441		<u>-</u>	Deerfield	Beach, FL 33441			
	10/08/2015	•	LI	5000171	981	·		
	Date of filing/registration in Florida	4.			Document number			
	FUENTES, LAURA							
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 601 Fairway Drive				te:		2019 D	
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRI	<u>:\$\$</u> }	_			DEC 26	
	Deerfield Beach , F	L_33441				**,	AH.	
(b) _	Corporate Creations Network Inc.					5	0: 5	
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office	addre	<u> </u>	_	.,	Ü	
	801 US Highway I							
	NEW Registered Office Address:	· ·			_			
	North Palm Beach	.L_33408			_			
itic ne i n	mited liability company is not organized under the la or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited is re authorized by an affirmative vote of the members cles of organization or the operating agreement of the number of the companion of the operating agreement of the number of the numbe	aws of the registre in the limiter of the left in the	ne Sta ered o comp imited I liab	ffice and any, it is liability confiling	d the business office s hereby confirmed t v company or as oth	of the regis	stered nge(s)	
лап	ture of a member or authorized representative of a member			Printed or typed name of signee				
reb isio	ly accept the appointment as registered agent and agons of all statules relative to the proper and complete gations of my position as registered agent as providity reflect a change in the registered office address, I	ree to a e perfor	ct in t	his cape of my o	acity. I further agreduties, and I am fam S.F.S. Or if this doc	e to comply iliar with ai sument is be	with the	