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

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## LLC REGISTERED AGENT CHANGE WHITE COURSE LENNAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUL 3 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.

ı.	Νo	me of the limited liability company: WHITE COURSE I	LENNAF	R, LLC		
		700 N.W. 107th Avenue	(b)	700 N.W	, 107th Avenue	
	(a)	Principal office address of lunited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 400	_	Suite 400		
		Miami, FL 33172	- 1	Miami, F	FL 33172 66221	
		04/05/2016		16000066		
	(a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number	
	(a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Florida	Dept. of Sta	7.820	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			J.W. 29	
		PLANTATION, FL 3	13324		<u>.</u>	
	(b)	Corporate Creations Network Inc.			PR	
	<b>(-)</b>	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ireas:	±2	
		801 US Highway I				
		NEW Registered Office Address:				
		North Palm Beach, FL	33408		<u>†</u>	
ch ag	ange gent v	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the li	egistere sility con the limi imited li	mpany, it ited liabil: ability co	is hereby confirmed that the change(s) ity company or as otherwise provided in	
_	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I Di th	here rovisi re obl	by 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 ely reflect a change in the registered office address, I he d in whiting of this change.	for in C ereby co	in this cap ince of my hapter 6U nfirm tha	pucity. I further agree to comply with the duties, and I am familiar with and accept S. F.S. Or, if this document is being filed the limited liability company has been	
-	gnah	Danielle Gossman, Special Secreta	īŅ			
	•	Division of Corporations P.O. B	ox 6327	• Tallah	assee, FL 32314	

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