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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-B107

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.

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LLC REGISTERED AGENT CHANGE **GUAMBRA LLC**

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Help

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.

1.	Na	me of the limited liability company: Guambra LLC			
2. (a)		(ь)	
-		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
•		75 VALENCIA AVE, FOURTH FLOOR		75 VALE	ENCIA AVE, FOURTH FLOOR
		CORAL GABLES, FL 83134	-	CORAL	GABLES, FL 33134
		11/29/2016		L1600021	16834
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	VALENCIA REGISTERED SERVICES, LLC			
- ,	(12)	Registered Agent and Registered Office shown on the records of the	c Flori	ia Dept, of State	K
		75 VALENCIA AVENUE FOURTH FLOOR		_	
Registered Office Address MUST BE FLORIDA STREET ADDRESS)					
					92 3
		CORAL GABLES	33134	1	N SON
+	(b) Corporate Creations Network Inc.				
		Enter name of NEW Registered Agent and/or NEW Registered ()ifice w	<u>ddress</u> :	A REGIN
		11380 Prosperity Farms Road #221E			OF CORPORATIONS
		NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
		Palm Beach Gardens , FL	3341	0	-
the age the start in the to th	chart visions artistic property of the control of t	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agreedons of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I have of Registered Agent	the reput the limited	pistered offic company, it i mited liabilit i liability con aren Monta	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Ano, Attorney-in-Fact Printed or typed name of signes

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