0 07/31/2020 11:54 AM Division of Corporations	 15612148442 → 18506175285 Ing 1 of 3 https://file.sunbi2torg/scripts/efilcovr. Florisa Depantment of State Division of Corporations Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (850)617-6383
R. 144:17	From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639
	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:
JUL 31 PH 2: 1	LLC REGISTERED AGENT CHANGE BISCAYNE BEACH LIGHTHOUSE LLC
2020 JUL 31	Certificate of Status0Certified Copy0Page Count02Estimuted Charge\$25.00
	Estimated Charge \$25.00

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9

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. Ne	me of the limited liability company:	AYNE BEACH LIGHTHOUSE LLC					
	4627 PONCE DE LEON BLVD	ſ	(b) 4627 PONCE DE LEON BLVD				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) CORAL GABLES, FL 33146	``	,	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) AL GABLES, FL 33146			
	06/19/2017		L170001				
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	KAPLAN YOUNG & MOLL PARRON PLLC						
	Registered Agent and Registered Office shown on the records of	State:					
	600 BRICKELL AVE., STE. 1715						
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRES	<u>151</u>	<u>-</u>			
				<u></u>			
	MIAMI, F	L					
	Moll & Young PLLC			· • 			
(b)	Enter name of NEW Registered Agent and/or NEW Registers	d Office a	ddress:	<u> </u>			
	Enter name of NLW Kepsteren Agent and or SET And State Man Angelin						
	31 NE 17th Street						
	NEW Registered Office Address:	NEW Registered Office Address:					
	MIAMI , F	L					
change agent v	imited liability company is not organized under the le or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of premization or the operating agreement of th	aws of the te registe liability of of the line e limited	ompany, nited liat liability	it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Alvarez, Attorney-in-Fact			
Signa	nue of a member or authorized representative of a member			Printed or typed name of signee			
I here provisi the obs to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of the change.	led for in I hereby	Chapter confirm ti	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been			
Signati	. Carlos M Alvarez, Specia	a secret	uy				

Division of Corporationse P.O. Box 6327e Taliabassee, FL 32314 FILING FEE: \$25.00