Florida Department of St.
Division of Corporations
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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

Phone : (561)694-8107 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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S TALLENT

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LLC REGISTERED AGENT CHANGE QUAIL ROOST LENNAR, LLC

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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. N	ame of the limited liability company: Quail Roost Lenna	r, LLC		
2. (a)	700 NW 107TH AVE	(b	700 N.	W. 107th Avenue
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 400	_ (0.	Suite 40	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		_		<u> </u>
	MIAMJ, FL 33172	-	Miami,	FL 33172
	07/24/2017	ı	.1700015	R346
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	e Florida i	Dept. of Su	ate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2020 JUL 27
	PLANTATION, FL_	13324		J. 2
(b)	Corporate Creations Network Inc.			
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	<u>'ts</u> ;	P
	801 US Highway 1			ယ္ ·
	NEW Registered Office Address:			
				<u> </u>
	North Palm Beach , FL 3	3408	_	
change agent w was/wer	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the ling of organization of the operating agreement of the ling.	gistered lity com he limite nited lial	office an pany, it i ed liabilit oility con	id the business office of the registered \$ hereby confirmed that the change(s) I'v company or as otherwise provided in
Signatu	re of a member of authorized representative of a member	1701401		Printed or typed name of signee
I herebj provisio he oblig o merel	w uccept the appointment as registered agent and agree ns of all statutes relative to the proper and complete per gations of my position as registered ugent as provided for y reflect a change in the registered office address, I here in writing of this change.	to act in rforman or in Che eby conj	this cap ce of my apter 603 irm that	point I further garge to comply with the
Signature	of Registered Agent	•		
	TOTAL CO. A. DOD			l

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