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TO:	Registration Section Division of Corporations		•						
SHRII	VILLAS CC 118, LLC								
SOBJI	SUBJECT:Name of Limited Liability Company								
Dear S	Sir or Madam:								
The en	iclosed Registered Agent/Registered Office	Change and	fec(s) are submitted for filing.						
Please	return all correspondence concerning this i	matter to the	following:						
GEO	RGE ULLRICH								
	Name of Person		_						
CREA	ATIVE REALTY PARTNERS								
	Firm/Company		_						
9465	WILSHIRE BLVD., THIRD FLOOR								
	Address								
BEVE	ERLY HILLS CA 90212								
	City/State and Zip Code		_						
GEOF	RGE@CREATIVEREALTYPARTNE	RS.COM							
E	E-mail address: (to be used for future annua	l report notifi	cation)						
For fur	ther information concerning this matter, pl	ease call:							
GEOF	RGE ULLRICH	71 4	267-6132						
	Name of Person	\	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations 0. Box 6327 lahassee, Florida 32314						
	Enclosed is a check for the following amount:								
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy						
INHS18	8 (2/14)								

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.

	me of the limited liability company: VILLAS CC 1							
2. (a) _	VILLAS CC 118 C/O CREATIVE REALTY PA	λ F	(b) VILLAS	CC 118 C/O CF	REATIVE R	EALTY		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	9465 WILSHIRE BLVD., THIRD FLOOR		9465 WI	LSHIRE BLVD., THIRD FLOOR				
	BEVERLY HILLS CA 90212	_	BEVERL	Y HILLS CA 90)212			
(09/01/2017		L1700018	37467				
- 3.	Date of filing/registration in Florida	4.		Document number	<u></u> r			
· (n)	MOSES, MICHAEL							
5. (a) <u> </u>	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State	::				
	Registered Office Address (MUST BE FLORIDA STREET A		ZIIYUU 30 TORETAR TALLAHASS	<u> </u>				
·. :	JACKSONVILLE , FL	3		E TAR				
(b) _	RON WENZEL				EE' E			
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddress:		STATE	ç C		
	GRAIL MANAGEMENT GROUP				IIE C	<u>,</u>		
	NEW Registered Office Address:					·		
:	676 CHERRY STREET, SUITE #2							
	WINTER PARK, FL	3278						
he chan gent wi vas/wer	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of less of organization or the operating agreement of the	the reg ibility f the li limited	gistered office company, it is mited liability	and the business of hereby confirmed or company or as of spany.	office of the r I that the char	egistered igc(s)		
Signatu	re of a member or authorized representative of a member	_		Printed or typed name	e of signee			
	vaccept the appointment as registered agent and agr	ee to a	ct in this cano		_	with the		

the obligations of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

FILING FEE: \$25.00

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

INHS18 (2/14)

Signature of Registered Agent 4