Division of Corporations

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## Florida Department of Earls Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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## LLC REGISTERED AGENT CHANGE SAN SIMEON LENNAR, LLC

Certificate of Status	0
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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: SAN SIMEON	LENN	AR	l, Li	LC				
2. (a)	700 N.W. 107th Avenue			(b)	700 N.W	V. 107th Avenue	,		
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,			Mailing address (Note: MAY I	of limited liabilit BE POST OFFI		y:
	Suite 400				Suite 400	0			
	Miami, FL 33172				Miami, F	FL 33172			
	09/26/2017			L	7000199	9697			
3.	Date of filing/registration in Florida	— 4.		_		Document nu	ımber		
5. (a)	C T CORPORATION SYSTEM								
	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	of the Flo	oric	la D	ept of Sta	ite:		•	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<del>-</del>		2820		
							:	<u></u>	 
	PLANTATION , F	3332	4			-		LUU 27	-
(b) _	Corporate Creations Network Inc.  Enter name of NEW Registered Agent and/or NEW Registered			14		- ·			1
	801 US Highway 1	d Office	e ac	iare	āī:		`a	<b>կ։</b> 03	وقعه تي
	NEW Registered Office Address:	•				_			
	North Palm Beach , FI	3340	8			-			
change agent w was/wei	mited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of the organization or the operating agreement of the	regist ability of the l	ere co lim	id o mp ited	ffice and any, it is liability	d the business of thereby confirm to company or a	office of the re med that the c	egistered hange(s)	l )
						n, Attorney-in-F	act		
Signatu	ore of a member of authorized representative of a member	_		-		Printed or typed a	name of signee		
the oblige to merel	y accept the appointment as registered agent and agent of all statutes relative to the proper and complete gations of my position as registered agent as provide by peffect a change in the registered office address, I in the provide this change.	ree to a perfor d for ir hereby	nct ma n C co	in t ince hay nfir	his capa of my d ster 605, m that ti	ncity. I further luties, and I am F.S. Or, if thi he limited liabi	agree to comp i familiar with is document is ility company	oly with and acc being fi has beer	the cept led
Signature	Danielle Gossman, Special Secret	агу							