Florida Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

: (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE GOLDEN GLADES JV, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED 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.	Name of the limited liability company:			GOLDEN GLADES JV, LLC		
2.	(a)	12895 SW 132ND ST	_ (b)	12895 SW 132ND ST		
	` '	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	- (°/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		MIAMI, FL 33186		MIAMI, FL 33186		
		11/10/2021		L21000482971		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	CORPORATION SERVICE COMP				
		Registered Agent and Registered Office shown on the records of th	ie Flonda Dept.	of State:		
		1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET A)	DDBECC			
		Registered Office Address				
		TALLAHASSEE ,FL	32301-25			
((b)	Corporate Creations Network		25 FIL		
		Enter name of NEW Registered Agent and/or NEW Registered (
		801 US Highway 1				
		NEW Registered Office Address:		——————————————————————————————————————		
		North Palm Beach .FL				
cha; age: was	nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	of the State egistered offi ility compan the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in		
		ure of a member or authorited refresentative of a member	Ra	chel Joseph, Attorney-in-Fact		
		V		Printed or typed name of signed		
non	jiea	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided if y reflect a change in the registered office address, I he in writing of this change.		s capacity. I further agree to comply with the first duties, and I am familiar with and accept in 605, F.S. Or, if this document is being filed that the limited liability company has been		
Ra	ch	al Joseph Rachel Joseph, Special Secre	etary			
១ខ្មែរ	iziUſ	e of Assistant Agent				