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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-B107 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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LLC REGISTERED AGENT CHANGE FOUNTAINS LAKE POINTE WOODS SL, LLC

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O SIMMONS

JUL 3 1 2018

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.

L N	ance of the numbed habitity company.	S LAKE	POINTE V	VOODS SL, LLC	
2. (a)	3260 LAKE POINTE BLVD	{1	(b) 2020 W. RUDASILL ROAD		
	Principal office address of limited liability company: (Nets: MUST BE STREET ADDRESS)	`	-	Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SARASOTA, FL 34231		TUCSO	N, AZ 85704	
		_ 			
	03/28/2005		M050000	01650	
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 1200 SOUTH PINE ISLAND ROAD	of the Florida	a Dept. of State	•	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	C/O CT CORPORATION SYSTEM				
	PLANTATION , F	33324		SECRI SECRI	
(b)	Corporate Creations Network Inc.			FILEC ECRETARY OF LLANASSEE.	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	dress:	m e m	
	11380 Prosperity Farms Road #221E			AM 9: 27 FLORIDA	
	NEW Registered Office Address.			RIDA	
	Palm Beach Gardens , F	, _L 33410			
ine cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address result be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the regis liability co of the lim	stered office impany, it is ited liability	and the business office of the registered hereby confirmed that the change(s)	
Danielle Gos			man, Attorney-in-Fact		
	ure of a member or authorized representative of a member			Printed or typed name of signee	
the obli	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet ligations of my position as registered agent as providity reflect a change in the registered office address. It in writing of this change.	gree to act e performe led for in C hereby co	in this capa ance of my d Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is heing filed he limited liability company has been	
	enielle Goseman, Special Secretary	<i>)</i>			

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

INHS18 (2/14)