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To:

Division of Corporations Fax Number : (850)617-6383

From:



Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 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.\*\*

VELO PN I: I	- :	LLC REGISTERED AGENT CHANGE MS RIALTO BENT CREEK FL, LLC		
27		Certificate of Status	0	
	-	Certified Copy	0	
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~		Estimated Charge	\$25.00	

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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:	ENT CREEI						
2. (a)	700 NW 107TH AVE	<b>(b)</b>	15131 ALTON PARKWAY, SU					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	liability company: <u>"OFFICE BOX</u> "				
	MIAMI, FL 33172		Irvine, CA 92618					
	11/27/2007	2	M0700006926					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a	C T CORPORATION SYSTEM							
J. (4	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address (MUST BE FLORIDA STREE)	:						
	PLANTATION , F	L <sup>33324</sup>						
(b)	Corporate Creations Network Inc.							
(-,	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	iress:					
	801 US Highway 1							
	NEW Registered Office Address:							
	North Palm Beach, F	L33408						
chang agent	limited liability company is not organized under the h e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the members ticles of organization of the operating agreement of th	iability con of the limited li	npany, it is hereby confirmed the ited liability company or as othe ability company.	hat the change(s)				
		Dani	elle Gossman, Attorney-in-Fact	f simps				
Sign	ature of a member or authorized representative of a member		Printed or typed name 0					
[ her provi the ol to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provia rely reflect archange in the registered office address, a ed in writing of the change.	g <b>ree</b> to act le performa led for in C I hereby co	in this capacity. I further deree nce of my duties, and I am fami hapter 605, F.S. Or, if this doct nfirm that the limited liability co	liar with and accept ument is being filed ompany has been				

Danielle Gossman, Special Secretary

 	~	\$ 	Agent

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