

05/27/2016 13:31

Division of Corporations

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## LLC REGISTERED AGENT CHANGE VR CYPRESS POINTE GP LLC

Certificate of Status	0
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J SHIVERS

## 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.

2. (a)	Name of the limited liability company: VRCTPRESS POINTE GP LLC  (a) 711 WEST BAY AREA BLVD, STE. 602  (b) 38 LEEK (c)			CRESCENT, S	UITE 202	
(-)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) WEBSTER, TX 77598		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  HMOND HILL, ONTARIO		
		<del></del>	L4B 4N8			
	11/05/2012		M120000	06217		
3.	Date of filing/registration in Florida	4,		Document number		
5. (a	CT CORPORATION SYSTEM					
J. (a	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State	- ;		
	1200 SOUTH PINE ISLAND ROAD					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	2)	•		
	PLANTATION	FL_33324				
(b) .	Corporate Creations Network Inc.					
ζ-,	Enter name of NEW Registered Agent and/or NEW Register	red Office ac	idress;		- 53 Z	
	11380 Prosperity Farms Road #221E			_	\$ <del>1</del>	J Thurs
	NEW Registered Office Address:				OF SIA	
	Palm Beach Gardens	FL_33410	)	· -	30 A B B B B B B B B B B B B B B B B B B	
the cl agent	limited liability company is not organized under the hare or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited yere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street of	of the reg I liability o rs of the lir the limited	istered office company, it is nited liability liability con	e and the business of shereby confirmed y company or as oth mpany.	ifice of the re that the chang acrwise provid	gistered gc(s)
\#		Kri	istine Roy,	Attorney-in-Fact		
	nature of a member or authorized representative of a member		a in abi-	= =	•	with the
provi the me to me notiff	reby con the appointment as registered agent and sides of all statutes relative to the proper and completions of the position as registered agent as proving the reflect of hange in the registered office address, and in writing of this change.			actify, I farther agin duties, and I am for 5, F.S. Or, if this do the limited liability	riliar with an cument is bel company has	d accept ng fil <b>e</b> d been
Sign	Kristine Roy, Spe		л ечки у			
(1	Division of Corporations • P.O. FILING	D. Box 632 FEE: \$2:		ssee, FL 32314		
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