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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE RIALTO PARTNERS GP II, LLC

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

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* * *	Partners GP II, LLC
2. (a) Principal office address of the limited liability company:	700 NW 107TH AVENUE, SUITE 400
(Note: MUST BE STREET ADDRESS)	MIAMI FL 33172
(b) Mailing address of limited liability company:	700 NW 107TH AVENUE, SUITE 400
(Note: MAY BE POST OFFICE BOX)	MIAMI FL 33172
03/20/2013	M13000001761
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATE CREATIONS NETWORK INC.
Registered Office Address:	801 US HIGHWAY I
	NORTH PALM BEACH, FL 33408
(b) Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:
NEW Registered Agent:	CT CORPORATION SYSTEM =
NEW Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
(MUST BE FLORIDA STREET ADDRESS)	
	PLANTATION FL 33324
or changes are made, the Florida street address of the registered identical. Or, in the case of a Florida limited liability company, an affirmative vote of the members of the limited liability comp the operating agreement of the limited liability company.	it is hereby confirmed that the change(s) was/were authorized by
(Signature of a member or authorized representative of a member)	
Nicholas Nichols, Attorney-	in-Fact
(Printed or Typed name of signec)	- I forther care to commit with the provision
of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 605, in the registered office address. I hereby confirm that the limited Nicholas Nichols, Special	to act in this capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the obligations of FS. Or, if this document is being filed to merely reflect a change I liability company has been notified in writing of this change.  Secretary
(Signature of Registered Agent)	ov 6327 Tollohasson El 32314

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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Corporate Creations International 801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107