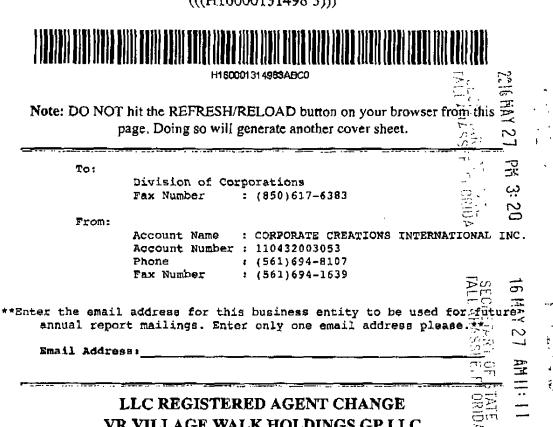
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https://efile.sunbiz.org/scripts/efilcovr.exe



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000131498 3)))



## VR VILLAGE WALK HOLDINGS GP LLC

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Estimated Charge	\$25.00

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INHS18 (2/14)

## 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.

1. N	ame of the limited liability company: VR VILLAGE	WAL	KΗ	OLDING	3S GP LLC			
2. (a)	711 W BAY AREA BLVD		(b) 38 LEEK CRESCENT, SUITE 202					
<b>-</b> . (-)	Principal office address of limited liability company:		(u) _		Mailing address of limi			
	( <u>Note: MUST BE STREET ADDRESS)</u> STE 602			NAME OF A	Nate: MAYBE PO		E BQX	
	312 002		_	ICHMU	OND HILL, ONT	ARIO		
	WEBSTER, TX 77598		L	4B 4N8	3 CA			
	06/11/2013	_	М	130000	03663			
3.	Date of filing/registration in Florida	4,		_	Document numbe	τ		
5. (a)	C T CORPORATION SYSTEM							
(-,	Registered Agent and Registered Office shown on the records of	the Flor	ida De	pt. of State	e:			
	1200 SOUTH PINE ISLAND ROAD							
	Registered Office Address MUST BE FLORIDA STREET	ADDRE	<u>(\$5)</u>		-			
	PLANTATION , FI	3332	4		-			
(b)	Corporate Creations Network Inc.				_	SEI	16	
	Enter name of NEW Registered Agent and/or NEW Registered	Office i	addre	<u>11</u> :	-		HAY	7-3-40 1 3
	11380 Prosperity Farms Road #221E					SSV/S	Y 27	PT 22200.46
	NEW Registered Office Address:				•	14.4E.S	Ĥ	1
	Palm Beach Gardens FI	3341	0			TATE ORIDA	•••	
agent w	imited liability company is not organized under the la ange of changes are made, the Florida street address or will occleentical. Or, in the case of a Florida limited li- ger authorized by an affirmative vote of the members of the of organization or the operating agreement of the	f the required in the little for the	gister comp imite	ed office any, it is I liability	e and the business of shereby confirmed v company or as of	office of	the regi	istered (s)
		K	ristir	e Roy,	Attorney-in-Fac	et		
	ture of a member or authorized representative of a member				Printed or typed name	_		
I hare provid the of to nigh notifie	by acceptible appointment as registered agent and agens of ply statutes relative to the proper and complete gentions of my position as registered agent as provide ety reflectly change in the registered office address, I d in writing of this change.	ree to a perfor d for in hereby	nct in mone confi	this cape te of my o pter 605 rm that i	acity. I further agg duties, and I am fa , F.S. Or, if this d the limited liability	ree to cor miliar wi ocument ocompan	nply wi th and i is being y has b	th the accept g filed een
Sighata	Kristine Roy, Specia	el Sec	ret.	ry				
	Division of Corporations P.O. FILING F			[a]lahas	see, FL 32314			