

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)694-1639

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Rma i	.1	Address:	 	 		_

LLC REGISTERED AGENT CHANGE VR PARK 9 HOLDINGS GP LLC

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MAY 3 1 2016

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 PARK 9 I	HOLDINGS GP LLC				
2. (a)	711 W BAY AREA BLVD, SUITE 602	(b) 38 LEEK CRESCENT, SUITE 202				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) WEBSTER, TX 77598	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX) RICHMOND HILL, ONTARIO				
		L4B 4N8 CA				
	03/14/2014	M14000001742				
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4. Document number				
(-)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET)					
	PLANTATION ,FI	L 33324				
(ს)	Corporate Creations Network Inc. Enter name of NEW Registered Agent and/or NEW Registered 11380 Prosperity Farms Road #221E	d Office address:				
	NEW Registered Office Address:					
	Palm Beach Gardens , FI	L 33410				
the cha agent v was/w	inge of changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	two of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company.				
<u> </u>		Kristine Roy, Attorney-in-Fact				
•	the of a member or authorized representative of a member	Printed or typed name of signee				
provide the or to men	by odesn the appointment as registered agent and aging of all tratutes relative to the proper and complete features from a provide the proper of the property of the property of the provide the provide the property of the provide the provide of th	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been				
Signatu	in writing of this change. Kristine Roy. Special re of Registred Agent	I Secretary				
		Box 6327• Tallahassee, FL 32314 FEE: \$25.00				