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Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Pax Number

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LLC REGISTERED AGENT CHANGE VISTA PALMS CLUBHOUSE, LLC

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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.	V.	ame of the limited liability company: VISTA PALMS (CLUBHOU	JSE, LLC	
		700 N.W. 107th Avenue	(b)	700 N.W	. 107th Avenue
3. 5 .	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D,	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 400		Suite 400	
		Miami, FL 33172		Miami, I	1. 33172
		09/18/2014		M1400000	6738
	(2)	Date of filing/registration in Florida CT CORPORATION SYSTEM	4.		Document number
	(~)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Florida	Dept. of Sta	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2020 JUI 29
		PLANTATION , FI	33324		29
	(b)	Corporate Creations Network Inc.			PH
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	lrest:	5: 24
		801 US Highway 1			
		NEW Registered Office Address:			
		North Palm Beach, FI	33408		
ch ag w: th	ange ent v as/w e arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literature authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	registere ability co of the lim limited li	mpany, it ited liabilitiability co	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Attorney-in-Fact
	Signa	sture of a member or authorized representative of a member		• -	Printed or typed name of signee
I pr th to no	here ovisi e obi mer itifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.		in this cap ince of my hapter 60 infirm tha	vacity. I further agree to comply with the duties, and I am familiar with and accept S, F.S. Or, if this document is being filed the limited liability company has been
S	ignan.	Danielle Gossman, Special Secre			
		Division of Cornerations P.O.	Box 6327	o Tallah	assee, FL 32314