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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Pax Number

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE GAMMA PHI BETA FACILITIES MANAGEMENT COMPANY. LLC

Certificate of Status	0
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Page Count	02
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JUN 14 2019

M. SOLOMON

## 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. Na	une of the limited liability company: GAMMA PHI E	BETA	FACILITIE	S MANAGEMENT (	COMPA	NY, LLO
2. (a)	Principal office address of limited liability company:	_ (	b)	failing address of limited hab	nility comp	
	(Note: MUST BE STREET ADDRESS)		٠,	(Note: MAY BE POST OF		
	12737 EAST EUCLID DRIVE	_	12737 E	AST EUCLID DRIVE	Ξ	
	CENTENNIAL, CO 80111	·	CENTEN	INIAL, CO 80111		
	03/09/2016		M1600000	02007		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florio	in Dept. of State			
		_			:2 <del>2 </del>	201
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD				رت) 1910ء <del>جور</del>	صدہ جب
					31	JUN I 3
	PLANTATION FI	33324			57 fe	$\overline{\omega}$
	- ,	-				<u> </u>
(b)	Corporate Creations Network Inc.				·* &·	0.
	Enter name of NEW Registered Agent and/or NEW Registered (	Office a	dress.		1	ະ ເກ ພ
	NEW Registered Office Address:		_ <del></del>			
	11380 Prosperity Farms Road #221E					
	11300 Flospelity Fallis Hoad #221E	<del></del>				
	Palm Beach Gardens , FL	33410	)			
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lir imited	istered office ompany, it is nited liability liability com	and the business office hereby confirmed that company or as otherwi- pany.	of the re the chang se provid	gistered (c(s)
Zu	a firm	La	uren Under	rwood, Attorney-in-F		
	ture of a member or authorized representative of a member			Printed or typed name of sig	•	
toe mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position us registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	e to acceptory for in ereby c	et in this capa nance of my a Chapter 605, confirm that t	nctiv. I further agree to luties, and I am familian F.S. Or, if this docume he limited Itability comp	comply we with and ent is being pany has	vith the l accept ng filed been
	Lauren Underwood, Spere of Registered Agent	ecial (	Secretary			