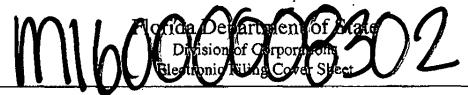
10/19/2016

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

Email Address:

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D. SCOTT OCT 2 0 2016

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida	Department of
State: Lencore, LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )		
2. The Florida document number of this limited lie	ability company is: M16000	0008302
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 10/	/18/2016	
SECTION II (5-9 complete only the applicable		.a
<ol> <li>New name of the limited liability company: (must</li> </ol>	t contain "Limited Liability Co	mpauy, ""LL.C." G, "LIS.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C	naming members adopting the a	business in Florida and attach a lternate pame. The afternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our record	ls, enter the name of the new 3
Name of New Registered Agent:		
New Registered Office Address:	Fater Floric	ia Street Address
	Thistops 1, 201, 20	, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

JOCUDIGII ERVEIDDE IU; OBSKSTZT-U I IE-4USU-948U-EDEZDTAD IA45

Title/ Capacity	Name	Address Type of .	<u>Actio</u>
MMBR	LEN Miranda Investor, LLC	700 N.W. 107th Avenue, Suite 400	dd
		Miami, FL 33172	.emo <sub>\</sub>
MMBR LEN Mirada Investor, LLC	LEN Mirada Investor, LLC	700 N.W. 107th Avenue, Suite 400	dd
		Miami, FL 33172	temov
			dd
		R	emov
		TO SEE SE	id oct
		Re SECONO	move o
			; 30 mov

Flling Fee: \$25.00

Typed or printed name of signee