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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

**Enter the email address for this business entity to be used for future

Email Address:_

annual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE LENNAR INTERNATIONAL, LLC

	CONTRACTOR OF STREET
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JUL 23 2020

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:	onal, Ll	LC					
2. (a)	700 N.W. 107TH AVENUE		(b)	700 N.W.	107TH AVEN	NUE		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).	ì	Mailing address (Note: MAY)	of limited liabs BE POST OF I		
	SUITE 400			SUITE 40	0			
	MIAMI, FL 33172		_	MIAMI, F	L 33172			
	04/20/2017		M	[17000003	399			
3.	Date of filing/registration in Florida	— 4.			Document nu	ımber		
5. (a)	CT CORPORATION SYSTEM							
J. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	f the Flo	rida D	ept, of State	- >: -	·	2021	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	ESS)				1020 JUL	es-yer
	PLANTATION, FI	3332	.4				22 F	(°°°)≃.
(b)	Corporate Creations Network Inc.						PM 2:	
	Enter name of NEW Registered Agent and/or NEW Registeres	d Office	addr	231:		V.	8 1	-
	801 US Highway 1							
	NEW Registered Office Address:							
	North Palm Beach , PI	33408	3					
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regist ability of the l limite	cred comp imite d liab	office and cany, it is d liability ility comp	the business hereby confine company or	office of the rmed that the as otherwise	registe: e change	red e(s)
Signat	ute of a member of authorized representative of a member				Printed or typed	I name of signe	×ċ	
I hereb provisie he obli to mere notified	by accept the appointment as registered agent and agr ons of all statules relative to the proper and complete igations of my position as registered agent as provide ily reflect a change in the registered office address, I i I in writing of this change.	ree to a perfor d for ir hereby	ict in manc i Cha confi	this capa se of my di pter 605, irm that th	city. I further uties, and I a F.S. Or, if th he limited liab	r agree to co m familiar w iis documen bility compa	mply wi vith and t is beiny ny has b	th the accept g filed een
Cincot:	Danielle Gossman, Special Sec	retary						
Signatur	e of Registered Agent							