Division of Corporations

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From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL

Account Number: 110432003053

. 110432003033 . /561\604.0103

Phone

: (561)694-8107

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DEPARTMENT OF STATE
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LLC REGISTERED AGENT CHANGE CAPE CORAL PINE ISLAND, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY CONTANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Standes, the undersigned limited liability company submits the following statement in order to change its registered affice or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: CAPE CORAL	. PINE	ISHAND,	LLC	
2. (a)	1401 BROAD STREET	(b) 01 BROAD STREET			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ' (· ——	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CLIFTON, NJ 07013	_	CLIFTO	N, NJ 07013	
	08/04/2017	_	M170000	06655	
3 .	Date of filing/registration in Florida	4.		Document number	
5. (a)	UNITED CORPORATE SERVICES, INC.				
J. (4)	Registered Agent and Registered Office shown on the records of the	ne Flori	la Dept. of State	:	
	9200 SOUTH DADELAND BLVD, SUITE 50	8.	100 m		
•	Registered Office Address (MUST BE FLORIDA STREET'A	DURE	N T	*** ***	
			, 15	20	
	MIAMI	3315	6	PR T	
(b)	Corporate Creations Network Inc.	,		PR 30 A	
	Enter name of NEW Registered Agent and/or NEW Registered	Office	व्यवस्थाः		
	11380 Prosperity Farms Road #221E			MIII: 27	
	NEW Registered Office Address:			3	
		3341			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg bility f the li limited	ristered office company, it is mited liability I liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.	
-		ഥ	uren Vadn	ey, Attorney-in-Fact	
I here provis the ob to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perjor d for it hereby	ng: se of my Capter 605 co: firm that	aunes, and 1 am jaminar with and accept i, F.S. Or, if this document is being filed the limited liability company has been	
Signati	ure of Registered Agent	ey, 8	Secial geole	ruit y	
Prime	Division of Cornerations P.O. F.	lar 62)7n Tallahas	gee FI 32314 `	

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