Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000034033 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

Email Address:

ö

1 of 1

## LLC REGISTERED AGENT CHANGE LEXINGTON MANAGEMENT GROUP, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K 5747 16 . .

## 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

. (a)	Principal office address of limited liability company:	(b	Mailing address of limited liability company:	
	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	505 S. FLAGLER DRIVE, SUITE 900		505 S. FLAGLER DRIVE, SUITE 900	
	WEST PALM BEACH, FL 33401		WEST PALM BEACH, FL 33401	
	12/29/2017		M18000000108	
	Date of filing/registration in Florida	4.	Document number	
. (a)	CORPORATION SERVICE COMPANY			
. (,	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State:	
	1201 HAYS STREET			
101	1201 HAYS STREET  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  TALLAHASSEE 32301-2525			
	TALLAHASSEE, FL	32301		
	Corporate Creations Network Inc.		<u>ب</u> بن	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		dress: 5. C	
	801 US Highway 1			
	NEW Registered Office Address:			
	North Palm Beach, Fi	33408		
he cha igent v	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regi iability co	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	

Signature of a member or authorized representative of a member Thereby 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 Jamiliar 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

Printed or typed name of signee

notified in writing of this change. Buck to Bas Jenisa Irizarry, Special Secretary