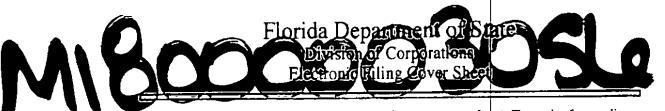
Division of Corporations



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LLC REGISTERED AGENT CHANGE LENNAR MULTIFAMILY BTC VENTURE II MANAGER, LLC

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

JUL 2 5 2001

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

L N	ame of the limited liability company: LENNAR MUL	TIFAMILY	BTC VEN	TURE II MANAGER, LLC
2. (a)	700 N.W. 107TH AVENUE	(b)	700 N.W	107TH AVENUE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 400		SUITE 40	20
	MIAMI, FL 33172		MIAMI,	FL 33172
	03/29/2018	:	и18000003	9056
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	† le:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address [MUST BE FLORIDA STREE	T ADDRESS)		
	PLANTATION, I	L_33324	-	FIL 2020 JUL 22 SECRETARY TALL AHA
(b)	Corporate Creations Network Inc.		_	TIL 22
• • •	Enter name of NEW Registered Agent and/or NEW Registered Office address:		22 P	
	801 US Highway I			Scr ₹ M
	NEW Registered Office Address:		_	9: 36 STATE . FL
	North Palm Beach, F	L33408		
change agent was/w the art Signa I here provis the ob	limited liability company is not organized under the I e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the number of a member of authorized representative of a member oby accept the appointment as registered agent and a linguistions of my position as registered agent as provided in writing of this change. Danielle Gossman, Special S.	ne registered liability cor s of the limi se limited lia Dania	d office an npany, it i ted liabilit ability con alle Gossm	s hereby confirmed that the change(s) y company or as otherwise provided in apany. Attorney-in-Fact Printed or typed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00