To: 18506176383

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

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	To:	Division of Comporations Fax Number : (850)617-6383		JUL 1				
	Fiom:	Account Name : C T CORPORATION SYS Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	ТЕМ	13 PM 2: 25				
<u> </u>	**Enter the email address for this business entity to be used for future annual report marlings. Enter only one email address please.** <							
80 - E	CH ENNAD MILLTIFAMILY RTC VENTURE II MANACER LLC							
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Corporate Filing Menu

Help

Electronic Filing Menu

From: Ranae McGraw

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.

. Na	ame of the limited liability company: LENNAR MULTIFAMILY BTC VENTURE II MANAGER, LLC								
(2)		(b	o)						
. (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	700 N.W 107TH AVENUE, SUITE 400 MIAMI, FL 33172								
		_							
	3/29/2018		м18000003056						
١.	Date of filing/registration in Florida	4.		Document number					
. (a)	CORPORATE CREATIONS NETWORK INC.								
(b)	Registered Agent and Registered Office shown on the records of the	*:							
	Registered Office Address (MUST BE FLORIDA STREET AL	-							
	801 US HIGHWAY I			\exists					
	NORTH PALM BEACH, FL 3	<u>.</u>	12 يار	SECR /ISIO					
	C T Corporation System		JUL 13	E IAR					
	Enter name of NEW Registered Agent and/or NEW Registered C	-	72	2555 404 1035					
				_	5	STAI ORAI			
	NEW Registered Office Address:		25	SNOLL					
	1200 South Pine Island Road	-		Ŝ					
	Plantation, FL_	33324		_					
he cha igent v	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere agree	the regi bility co f the lir limited	istered offici ompany, it i nited liabilit	e and the business of shereby confirmed the company or as other opens.	at the ch	ange(s)			
Ciana	ture of a member or muthorized representative of 5 member			Printed or typed name of	signee				
	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. ACT Corporation System	ee to ac perform I for in greby c	et in this cap nance of my Chapter 60 confirm that	acity. I further agree duties, and I am Jami 5, F.S. Or, if this doct the limited liability co	to comp liar with iment is impany f	ly with the and accep being filed was been			