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.

(((H20000238257 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

Pax Number

Fax Number : (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

Email Address:

LLC REGISTERED AGENT CHANGE LEN-MEDLEY AT MIRADA CLUB, LLC

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

JUL 2 3 20

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	arne of the limited liability company: LEN-MEDLEY	AT MI	RAL	A CLUB, LLC			
2. (a)	700 N.W. 107TH AVENUE		(b)	700 N.W. 107TH AVE	NUE		
J. (U)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address	of limited liab		
	SUITE 400			SUTTE 400			
	MIAMI, FL 33172	_		MIAMI, FL 33172			
	10/19/2018		Ŋ	4 18000009471			
3.	Date of filing/registration in Florida	4.	_	Document n	umber		
5. (a)	CT CORPORATION SYSTEM						
J. (4)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flo	rida I	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.	4DDR	ESS)				
					- 65 	202	
	PLANTATION , FL	3332	.4			<u></u>	11
(b)	Corporate Creations Network Inc.				TARY OF ARASSE	1020 JUL 22	
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office	∎dd	ress:	38%		П
	801 US Highway I			,,	SIM E. FL	9: 30	O
	NEW Registered Office Address:				لين	0	
	North Palm Beach , FL	33408	3 _				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the organization or the operating agreement of the	regist bility f the l	ered com limit	office and the business opany, it is hereby confi ed liability company or	s office of the irmed that th	e regist e chang	ered sc(s)
	(04)	E	Danie	ile Gossman, Attorney-in			
-	ture of a member or authorized representative of a member				d name of sign		
provisi the obli to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete jigations of my position as registered agent as provided by reflect a change in the registered office address, I have a first change.	perjoi I for it ereby	act ir man n Ch r con	n this capacity. I furthe ce of my duties, and I a apter 605, F.S. Or, if t firm that the limited lia	r agree to co im familiar v his documen ibility compa	omply v with and it is bein my has	vith the d accept ng filed been
Signatu	Danielle Gossman, Special Secrete of Registered Agent	etaty					
	`)						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00