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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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Email Address:

## LLC REGISTERED AGENT CHANGE **EVERGLADES FUND II GP LLC**

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

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

1. The name of the limited liability company is: Everglades Fund II GP LLC		
2. (a) Principal office address of the limited liability company:	5521 N UNIVERSITY DR, STE 103	
(Note: MUST BE STREET ADDRESS)	CORAL SPRINGS FL 33067	
(b) Mailing address of limited liability company:	5521 N UNIVERSITY DR, STE 103	
(Note: MAY BE POST OFFICE BOX)	CORAL SPRINGS FL 33067	
11/28/2018	M18000010593	
<ul><li>3. Date of filing/registration in Florida</li><li>5.(a) Registered Agent and Registered Office shown of</li></ul>	4. Document number on the records of the Florida Dept. of State:	
Registered Agent:	KENNETH P ARNOLD	
Registered Office Address:	5521 N UNIVERSITY DR, STE 103	
	CORAL SPRINGS FL 33067	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	egistered Office address:	
NEW Registered Agent:	Corporate Creations Network Inc.	
NEW Registered Office Address:	801 US Highway 1	
(MUST BE FLORIDA STREET ADDRESS)		
	North Palm Beach FL 33408	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
(Signature of a member or authorized representative of a member)		
By: Ashley Goldsmith, Attorney-in-Fact (Printed or Typed name of signee)		
of all statutes relative to the proper and complete performance of my position as registered agent as provided for in Chapter 605, in the registered office address, I hereby confirm that the limited $\Lambda$ . $\mathcal{M}$	to act in this capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the obligations of F.S. Or, if this document is being filed to merely reflect a change I liability company has been notified in writing of this change.	
By: Ashley Goldsmith, Special Secretary (Signature of Registered Agent)		
INHS18(10/99) Division of Corporations, P.O. Bo	x 6327, Tallahassee, FL 32314	
Corporate Creations International		
801 US Highway 1 North Palm Beach FL 33408 (561) 694-8107		