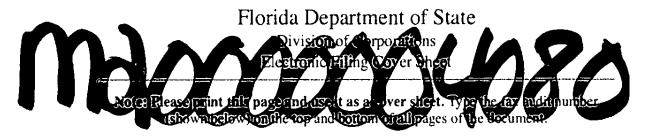
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→ 18506176383 Division of Corporations



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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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

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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	ame of the limited liability company: CANAVERAL	LANDING	, LLC					
2. (a)	508 F 18 ST		(b) 1712 PIONEER AVE STE 285 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) CHEYENNE, WY 82001					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)							
	CHEYENNE, WY 82001							
	04/27/2020		M20000004	080				
3. 5. (a	Date of filing/registration in Florida NICHOLAS J DOTTORE	4.		Document	number			
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3737 N COCOA HWY STE B							
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
	COCOA , F	L_32926						
(b)	Corporate Creations Network Inc.			-				
	Enter name of NEW Registered Agent and/or NEW Registered 801 US Highway 1				¥. -	12		
	NEW Registered Office Address;			-	÷	.TH 28		
	North Palm Beach, F						ţ:	
chang agent was/w the ar	limited liability company is not organized under the lige or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the sum Date.	aws of the ne registere liability co of the lim ne limited l	State of Flood office and mpany, it is ited liability	orida, it is h I the busing hereby co y company ipany.	ess office nfirmed to or as othe	of the re hat the c	egistered hange(s)	
•	Signature of a member or authorized representative of a member			Printed or typed name of signee				
I hero provis the ob- to-men	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, a ed in writing of this change.	gree to act e performa led for in C I heroby co	in this cape ince of my o hapter 605 infirm that i	city I fur	ther agree	e to com	ply with the i and accept being filed has been	
	Kan Dita Kevin Duteau.	Special S	Secretary					
Signat	ture of Registered Agent							