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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)214-8442

\*\*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 AMND/RESTATE/CORRECT OR M/MG RESIGN PLACEMAKER REAL ESTATE LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY-COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

State: Placemaker Real Estate LLC	111 North Orange Avenue, Suite 800		
Enter new principal office address, if applicable:	111 North Orange Avenue, Suite 800		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	Orlando, FL 32801		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 North Orange Avenue, Suite 800		
	Orlando, FL 32801		
2. The Florida document number of this limited li	8		
3. Jurisdiction of its organization: Delaware	- P - 第一 P - 1	; [][	
4. Date authorized to do business in Florida: 11/		C	
SECTION II (5-9 complete only the applicable	changes)		
<ol> <li>New name of the limited liability company: (mu</li> </ol>	ist contain "Limited Liability Company, " "L.L.C.," or "L.LC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate nameC." or "LLC.")		
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our records, enter the name of the new address here:		
Name of New Registered Agent:			
w Registered Office Address:  Enter Florida Street Address			
	. Florida		
	City Zip Code		
the provisions of all statutes relative to the prope	Registered Agent: yent and agree to act in this capacity. I further agree to comply with yen and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this ye in the registered office address, I hereby confirm that the limited		

liability company has been notified in writing of this change.

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7. If the amend	ment changes the jurisdiction of orga	nization, indicate new jurisdiction:	
	ment changes person, title or capacity	in accordance with 605.0902 (1)(e), indicate that of the below	change:
Title/Capacity	Name	Address	Type of Action
MGR	ADRIEL BEITSCH DELLER	111 North Orange Avenue, Suite 800	BAdd
		Orlando, FL 32801	□Remove
			□Add
			□Remove
		- <del> </del>	
		LAHASSI	Remove
		E. FL	_£ □Add
			□Remove
			□Add
			CRemove
aforementic	a certificate, if required: no more that oned amendment(s), duly authenticate under the law of which this entity is	ed by the official having custody of records in the	;
	12C2 Signatur	re of the authorized representative	
	Kevin Duteau, Attorney-in		

Typed or printed name of signee