From:

Division of Corporations

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Florida Department of State

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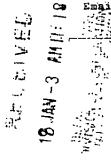
Fax Number : (850)617-6360

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Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088 Phone : (890:221-0102 Fax Number : (800)944-6607

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REGISTERED AGENT CHANGE VILLA ITALIA MANAGEMENT HOLDINGS, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTTI 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.

2. (a)	2295 S. HIAWASSEE ROAD	,	(b)	C/O REINHARDT LLP	
Δ. (Δ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	-
	411			200 Liberty Street, 27th Floor	•
	ORLANDO, FL 32835	_		New York, NY 10281	
	02/01/2016			P16000010308	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Corporate Creations Network Inc	C.			
·· (-)	Registered Agent and Registered Office shown on the records of the	e Flo	rida Dept. of St	etc:	
	11380 Prosperity Farms Road #22	21E	J	_	
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	ESS)	2	
				2018	•
	Palm Beach Gardens , FL_		33410		
• (b)	COGENCY GLOBAL INC.			JAH -3	
	Enter name of NEW Registered Agent and/or NEW Registered C)f(ice	address;	- .o	
	115 North Calhoun Street, Suite 4			£.	4
	NEW Registered Office Address:	_			
	Tallahassee FL		32301	_	
gent wires/wer as/wer artic	nited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the imperating agreement of the liable term of a member or authorized representative of a member of accept the appointment as registered agent and agree as of all statutes relative to the proper and complete parations of my position as registered agent as provided in the registered agent as provided in the registered office address, I have	of to contility the l	he State of F gistered offic company, it imited liability co	te and the business office of the regis is hereby confirmed that the change (ty company or as otherwise provided mpany. \(\frac{\frac{10\text{vane}}{\text{transfer}}}{\text{Printed or typed name of signee}} \)	stered (s) I in

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

ASSI SECRETARRY

Signature of Registered Agent