

L02000007151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

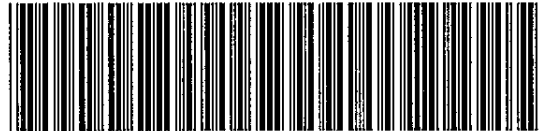
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200038271262

**FILED**  
04 JUL 22 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*JK*

**RECEIVED**  
04 JUL 22 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 814034 10625A

AUTHORIZATION :

*Patricia Piguto*

COST LIMIT : \$ 25.00

04 JUL 22 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

ORDER DATE : July 21, 2004

ORDER TIME : 11:43 AM

ORDER NO. : 814034-015

CUSTOMER NO: 10625A

CUSTOMER: John M. Lynn, Esq  
Lynn & Hanson  
2nd Floor  
48 Ne 15th Street  
Homestead, FL 33030

CHANGE OF AGENT

NAME: 207SWES256, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: \_\_\_\_\_

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: 207SWES256, LLC
2. The mailing address of the limited liability company is: 8700 S.W. 116 Street, Miami, Florida 33176

3. Date of filing/registration in Florida: 03/26/2002
4. Document number: L02000007151

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LINDA LOTT  
Name  
8700 S.W. 116 Street  
Address  
Miami, Florida 33176  
City, State and Zip

**FILED**  
04 JUL 22 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

John M. Lynn, Esquire  
Name  
48 NE 15th Street, Second Floor  
Florida street address (P.O. Box NOT acceptable)  
Homestead FL 33030  
City, State and Zip

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.

Linda Lott  
(Signature of a member or authorized representative of a member)

LINDA LOTT  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

John M. Lynn  
(Signature of Registered Agent)

**John M. Lynn**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314