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SECRETARY OF STOR

## TRANSMITTAL LETTER

TO: Regis

Registration Section

Division of Corporations

SUBJECT: 1520-1530 Maza South, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie of Person)

The Mont Highlands Developmen

(030 S Grand Highway

CLEANWITE FZ 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

MAEN M BISCHID at 350, 343-8848

(Name of Person)

(Area Code & Davine Telephone Number)

Enclosed is a check for the following amount:

CJ \$25,00 Filing Fee

S30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) O \$60,00 filing Fee,—
Cortificate or Status &
Cortified Copy
(additional Copy) is enclused

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314

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

Pursuant to the provisions of sections 608.416 or 6	08.508, Florida	Statutes, the	undersigned limited
liability company submits the following statement in agent, or both, in the State of Florida.	order to change	its registerea	l office ör registered
agent, or hoth, in the State of Florida.	_	^	

1. The name of the limited liability company is: 1520-1530 Pla	7A-South, LLC				
2. The mailing address of the limited liability company is: 430 S.	Covand Highw				
Clermont.					
July 1,2005 L0500	000 65316				
3. Date of filing/registration in Florida 4. Document nu					
5. The name of the registered agent and the registered office address as shown	on the records of the				
Florida Department of State: Haven Riscinto	_				
630 S. Grand Highwa	ter				
Cloud Address 2411	- 1				
City, State and Zip	_				
6. The name and address of the new registered agent and/or office:					
Julia L. Jothson	<b>-</b> .				
5169 Latrobe Drive	<b>&gt;</b>				
Florida street address (P.O. Box NOT acceptable)					
Windermere FL 34786	<del>-</del>				
City, State and Zip	201 · 3 · 3 · 1 · 3				
If the limited liability company is not organized under the laws of the State of confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case	Florida, it is hereby s of the registered office of a Florida limited				
liability company, it is hereby confirmed that the change(s) was/were authorize the members of the limited/liability company or as otherwise provided in the a	ed by an affirmative vote of articles of oreanization or				
the operating agreement of the limited liability company,					
(Signature of a member or authorized representative of a member)	- E				
JODHUA High					
(Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this of	anacity I further goree to				
I hereby accept the appointment as registered agent and agree to act in this c comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered Chapter 608, F.S. Or, if this document is being filed to merely reflect a chang address, I hereby confirm that the limited liability company has been notified	performance of my duties, agent as provided for in				
address. Thereby confirm that the limited liability company has been notified	in writing of this change.				
(Signature of Registered Agent)					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
p(HS18(1099) FILING FEE: \$25.00					