## M03000004091

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ACCOUNT NO. : 072100000032 REFERENCE : 7602908 AUTHORIZATION COST LIMIT ORDER DATE: August 24, 2007 ORDER TIME : 9:50 AM ORDER NO. : 071054-665 CUSTOMER NO: 7602908 CHANGE OF AGENT NAME: DIVOSTA HOMES HOLDINGS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Debbie Skipper

EXAMINER'S INITIALS:

## 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.

,,	<b>,</b>			
1. The name of the lim	ited liability compar	ny is: <u>DIVOST</u>	A HOMES HOLDING	GS, LLC
2. The mailing address	of the limited liabil	ity company is:		
100 Bloomfield Hills P	arkway, Ste. 300, B	loomfield Hills,	MI 48304	
12/09/2003			M03000004091	
3. Date of filing/registr	ation in Florida	<del></del>	4. Document number	er
5. The name of the registration of the registr		registered office	address as shown on	the recards of the
·	C T Corporation	System		空流 。
		Name		227
	1200 South Pine	Island Road		972 p 17
		Address		mg = 0
	Plantation, FL 3	3324		FE ST
		City, State and Z	Zip	RY OF STAT
6. The name and addres	s of the new registe	red agent and/or	office:	DE P
	Corporation Serv	ice Company		
		Name		
	1201 Hays Street	<u></u>		
	Florida street ad	ddress (P.O. Box	NOT acceptable)	
	Tallahassee	FL 323	301	
	C	ity, State and Zip	)	
If the limited liability coconfirmed that after the and the business office liability company, it is lof the members of the lor the operating agreem	change or changes a of the registered age nereby confirmed the imited liability com	are made, the Floor ent will be identicated at the change(s) appany or as otherward	orida street address of cal. Or, in the case of was/were authorized t wise provided in the a	the registered office a Florida limited by an affirmative vote
(Signature of a member or auth	orized representative of a	member)		
(Printed or typed name of sight I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confi		red agent and ag elative to the prop ations of my posi eing filed to mere ability company	ree to act in this capa per and complete perf ition as registered age ely reflect a change in has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office oriting of this change.
			-	
(Signature of Registered Agent		<del></del>		
Elizabeth A. Dawson, A Divis	Asst. Vice President ion of Corporation	ns, P.O. Box 632	7, Tallahassee, FL 3	2314

**FILING FEE: \$25.00** 

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