Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : TRIDENT TITLE LLC

Account Number : 120090000078

Phone : (561)515-2920

Fax Number : (561)515-2939

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RETARY OF STATE
MASSEF, FLORIDE

REGISTERED AGENT CHANGE

HAISFIELD VENTURES, L.P.

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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.

agent, or born, in the brate by I fortune		
1. Name of the limited liability company:	Haisfield Ventures, L.P.	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	11888 Lake Shore Place North Palm Beach, Florida 33408	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
2/25/2009	A0900000122	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of States		
Registered Agent:	Robert Shapiro	
Registered Office Address:	2401 PGA Boulevard, Suite 272 Palm Beach Gardens, Florida 33410	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent;	Paul A. Krasker	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	225 S. Ollve Avenue West Palm Beach ,FL33401	
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. Signature of limembers' authorized representative of a member		
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 inerely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
Signature of Registered Agent		