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(((H180000152363)))



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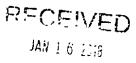
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To:			-
	Division of Co	rporations	
	Fax Number	: (850)617-6383	1
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From:			
	Account Name	: J L HOFMANN & ASSOCIATES, P.A.	
	Account Number	: 119990000022	:
	Phone	: (305)666-0024	-
	Fax Number	: (305)666-0028	-
		,	t
Entan	the email address	s for this business entity to be used	for futur

REGISTERED AGENT CHANGE SAUMS 176 PHASE II, LTD.

Email Address:\_\_\_\_

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## H18000015236 3

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	SAUMS 176	PHASE II. L	.TD.		
Nu	me of Limited Partnership or Li				
2 Oct	tober 3, 2000	3.	A0000001523 Florida document number		
Date of filing	/registration in Florida		Florida document number		
4. The name of the re Department of State:	egistered agent and the registered	l office address as	shown on the records of th	e Florida	
	United States Reg	istered Agents	s, Inc.		
	420 S. Dixie Hi	ghway, Suite	48		
		licss	<del></del>	-: <del>d</del> o	
		es, FL 33146 te and Zip			
	•	,			
5. The name and Flor	rida street address of the new reg	gistered agent und	for office:	ري ا	
	Ne	inte		ي ج	
	9300 S. Dadelan	~~~~~			
	Florida street address (I	P.O. Box not accep	otable)	4 y	
	Miami	FL c and Zip	33156	₩ •	
	City, Stat	c and Zip			
6. Such change(s) is/o	are effective when filed by the F	Torida Departmen	r of State.		
المراجعين المسالم المياني المستسمير	<i>f</i>				
Signature of General I	Parmer	-			
comply with the provis	opointment as registered agent a sions of all stanues relative to the han accept the obligations of m	he proper and con	iplete performance of my d		
Signature of Registere	d Agent	•			
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50				