

Division of Corporations

Page 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000147154 3)))



H070001471543ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : PCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5926

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JUN - 1 AM 10:46

REGISTERED AGENT CHANGE

POINTE VISTA, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JB

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
 07 JUN - 1 AM 8:00
 DIVISION OF CORPORATIONS

**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. Pointe Vista, Ltd

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/11/1995

Date of filing/registration in Florida

3. A9500000074

Florida document number

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

LAGER, JILL

Name

1665 PALM BEACH LAKES BLVD., STE 400

Address

WEST PALM BEACH FL 33401

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

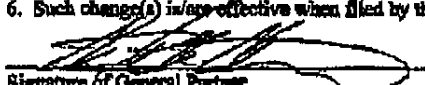
Plantation

FL

33324

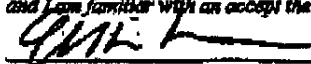
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

Clint Chang, Power of Attorney

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.


Signature of Registered Agent

Erin McInerney
Assistant Secretary

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUN - 1 AM 10:46