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(Re	equestor's Name)
(Ac	ddress)
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<b>(</b> Çi	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
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ACCOUNT NO. : 072100000032 REFERENCE: 071054 7602908 AUTHORIZATION : COST LIMIT ORDER DATE: August 24, 2007 ORDER TIME : 9:51 AM ORDER NO. : 071054-680 CUSTOMER NO: 7602908 CHANGE OF AGENT NAME: DIVOSTA HOMES, L.P. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Debbie Skipper

## 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. DIVOSTA HOMES, L.P.			
Name of Limited Par	tnership or Limited Liabili	ty Limited Partnership	<del></del>
2. 12/09/2003	9/2003 <sub>3.</sub> B03000000419		
Date of filing/registration in Florida		Florida document number	
4. The name of the registered agent and Department of State:	the registered office addre	ss as shown on the rec	cords of the Florida
C T Corporat	ion System	·	
	Name		
1200 South Pi	ine Island Road		
	Address		O SI TAT
Plantation, FL	33324		7 S
	City, State and Zip		五年 早
5. The name and Florida street address	of the new registered agent	and/or office:	ARY SSEE
Corporation S	Service Company		TO R
	Name		USIA LOR
1201 Hays Str	reet		D:35
Florida str	reet address (P.O. Box not a	acceptable)	P
Tallahassee		FL 32301	
	City, State and Zip	rL	
6. Such change(s) is/are effective when	filed by the Florida Depart	ment of State.	
Signature of General Partner  Noce A. Cregg, Man I hereby accept the appointment as regis comply with the provisions of all statute	stered agent and agree to a s relative to the proper and	ct in this capacity. I f complete performanc	further agree to
and I am familiar with an accept the oblicorporation Service Company By:	igations of my position as i	egistered agent.	
Signature of Registered Agent	Donaldana		
Elizabeth A. Dawson, Asst. Vice Filing Fee: \$35	President 5.00		
Certified Copy (optional): \$52	.50		