

F97000005671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Change

RECEIVED  
05 JAN -3 PM 1:06  
TALLAHASSEE, FLORIDA

FILED  
05 JAN -3 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AJR

113104

**CT CORPORATION**

January 3, 2005

Department of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 6244755 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

~~State Farm Indemnity Co (FL)~~  
~~Change of Agent~~  
~~Florida~~

~~State Farm Indemnity Co (FL)~~  
~~Change of Agent~~  
~~Florida~~

~~State Farm Indemnity Co, Inc. (WA)~~  
~~Change of Agent~~  
~~Florida~~

Lennar Land Partners Sub, Inc (FL)  
Change of Agent  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**CT CORPORATION**

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lennar Land Partners Sub, Inc.
2. The principal office address: 700 NW 107 Avenue, Miami, FL 33172
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/28/1997 Document number: F97000005671

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Benjamin P. Butterfield, Esq.

700 N.W. 107th Avenue

Miami, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Vice President

(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

CT Corporation System

By: [Signature]

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
05 JAN -3 PM 1:08  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE