

L000000002527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

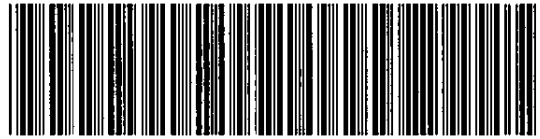
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
SEP - 9 2009  
**EXAMINER**

Office Use Only



000160276900

09/08/09--01007--001 \*\*25.00

**FILED**  
2009 SEP - 8 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH RIVERWALK INVESTMENTS, L.L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLOTTE A. HEALY  
Name of Person

\_\_\_\_\_  
Firm/Company

4400 N. FEDERAL HWY #121  
Address

BOCA RATON, FLORIDA 33431  
City/State and Zip Code

BOCARATONPA@AOL.COM  
E-mail address: (to be used for future annual report notification)

2009 SEP -8 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

CHARLOTTE HEALY at ( 561 ) 265-4900  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: SOUTH RIVERWALK INVESTMENTS, L.L.C.

2. (a) Principal office address of limited liability company: CORNERSTONE ONE

(Note: **MUST BE STREET ADDRESS**) 1200 SOUTH PINE ISLAND RD #475  
PLANTATION, FL 33324

(b) Mailing address of limited liability company: CORNERSTONE ONE

(Note: **MAY BE POST OFFICE BOX**) 1200 SOUTH PINE ISLAND RD #475  
PLANTATION, FL 33324

03/06/2000

L00000002527

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 State:

Registered Agent: CHARLOTTE A. HEALY

Registered Office Address: 4400 N. FEDERAL HWY #42  
BOCA RATON, FL 33431

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** CHARLOTTE A. HEALY

**NEW Registered Office Address:** 4400 N. FEDERAL HWY #42  
**(MUST BE FLORIDA STREET ADDRESS)** BOCA RATON FL 33431

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.

Glenn R. Haft  
Signature of a member or authorized representative of a member

GLENN R. HAFT

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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Charlotte A. Healy  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00