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T. HAMPTON

OCT 1 9 2010

EXAMINER

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 F	RIVERWALK INVESTMENTS, LLC
2. (a) Principal office address of limited liability company	y: 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	L0000002527
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 #121 BOCA RATON, FL 33431
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	CHARLOTTE A. HEALY
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	301 W, ATLANTIC AVE. #0-8
	DELRAY BEACH ,FL 33444
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmation voice rwise provided in the articles of organizations.
GLENN R. HAFT Printed or typed name of signee	ATT
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability companions of Registered Agent	gree to act in this capacity. I further are to formation of my duties is sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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

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