## Department of State

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Account Name : HODGSON RUSS LLP

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## REGISTERED AGENT CHANGE

LANTANA PROPERTY, LLC.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi liability company subta agent, or both, in the S	sions of sections 608.416 or 608.50 nits the following statement in order tate of Florida.	08, Florida Statutes, the und r to change its registered off	dersigned limited fice or registered
1. Name of the limited	liability company:	Lantana Property, LLC	
2. (a) Principal office	address of limited liability company	:	
( <u>Note: MUST</u>	BE STREET ADDRESS	Glenn Porter, Northern Trust Bank of FL 700 Brickell Avenue, Miami, FL 33131	
(b) Mailing addres	s of limited liability company:		
(Note: MAY)	BE POST OFFICE BOX)	Glenn Porter, Northern To 700 Brickell Avenue, Mia	rust Bank of FL mi. FL 33131
11/01	/2000	L00000013385	
3. Date of filing/regist	<del></del>	4. Document number	O9
5. (a) Registered Ag	cnt and Registered Office shown on	he records of the Florida Dep	
Registered Age	nt:	HRAWG Corp.	SS 26
Registered Off	ce Address:	1801 N. Military Trail Suite 200	
•		Boca Raton, FL 33431	5 <del>1</del> 5
(b) Enter name of	NEW Registered Agent and/or NEV	W Registered Office addres	<u>s</u> :
<u>NEW</u> Register	ed Agent:	Hankins Roman Wenzel	P.L.
NEW Register	ed Office Address: LORIDA STREET ADDRESS)	1800 N. Military Trail Suite 160	<u> </u>
127 0 0 2 1 1 2 1 1		Boca Raton	_,FL <u>33431</u>
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	company is not organized under the e change or changes are made, the F of the registered agent will be ident hereby confirmed that the change(s limited liability company or as other ment of the limited liability company	lorida street address of the re ical. Or, in the case of a Flor was/were authorized by an	gistered office rida limited affirmative vote
Printed or typed name of sig		_	
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby con	ppointment as registered agent and a sions of all statutes relative to the pr and accept the obligations of my po if this document is being filed to me firm that the limited liability compan	igree to act in this capacity. Oper and complete performan Sition as registered agent as rely reflect a change in the r y has been notified in writing	I further agree to nce of my duties, provided for in egistered office t of this change.

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