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## Florida Department of State

Division of Corporations Public Access System

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Minn o

## REGISTERED AGENT CHANGE

ST. LUCIE WEST REALTY, LLC

Certificate of Status	0
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10/22/04

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

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections is the following ite of Florida.	608.416 or 608.508 statement in order	l, Florida Statutes to change its regi:	s, the undersigned limited stered office or registered
I. The name of the limit	ted liability com	pany is: St. Lucie We	st Realty, LLC	
2. The mailing address	of the limited lis	ability company is : _		
PO Box 5403, Ft. Lauderdal	s, FL 33304			
12/13/2000	_		L00000015416	
3. Date of filing/registra	tion in Florida	<del></del>	4. Document nun	aber
5. The name of the regis Florida Department of		the registered office	address as shown o	m the records of the
	Glen R Gilbert			
		Name		
	1750 East Sunri	ise Blvd		
		Address		
	Ft. Lauderdale,			
	<u> </u>	City, State and Zi	p	
6. The name and address	of the new regi	istered agent and/or o	ffice:	
	C T Corporation	ı System		
		Name		<u>4</u>
	1200 South Pine	Island Road		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Florida stree	t address (P.O. Box I	NOT acceptable)	
	Plantation	FL_33324		~ ~ ~
		City, State and Zip	<del></del>	2
the members of the limit the operating agreement	change or change f the registered creby confirmed ed liability com- of the limited li	res are made, the Flor agent will be identical i that the change(s) we pany or as otherwise ability company.	ida street address of il. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote of
(Signature of a thember of author	gized representative (	of a member)		
Janes H.	/ -	507,5VB		
(Printed or typed name of signer	3			
comply with the provisio and I am familiar with a Chapter 608, K.S. Or, if address, I hereby confirm CT Corporation System	ns of all statutes nd accept the ob- this document i n that the limites	stered agent and agress relative to the property of the proper	ee to act in this caper and complete perion as registered a y reflect a change as been notified in as been notified in	pacity. I further agree to efformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agen	•			
Divisi	on of Corporat	tions, P.O. Box 6327	, Tallahasses, FL	32314

**FILING FEE: \$25.00** 

INHS18(10/99)