Tel Mack Requester's Name			
703 N. Calhoun S	51,		
Address Tallahassee, FZ 3270	· •		
City/State/Zip Phone #	5 2		
CORPORATION NAME(S) & DOCUME		Office Ue bul	
1. Hig legh Cardens (Corporation Name)	A	· · · · · · · · · · · · · · · · · · ·	
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(Corporation Name)	(Document #)	DIVISION OF CORPORATION	
3. (Corporation Name)	(Document #)	RECEIVEL DEC 26 PH I	-
4(Corporation Name)	(Document #)	PR CED	
Walk in Pick up time	· · · · · · · · · · · · · · · · · · ·	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS 31	000047394330 -12/26/0101007015 ****325.00 ******25.00	
☐ Profit ☐ Not for Profit	Amendment Resignation of R.A	A., Officer/Director	
Limited Liability Domestication	Change of Register Dissolution/Withd		
Other	Merger	rawal OI DEC AI	
OTHER FILINGS	REGISTRATION/QU	JALIFICATION SE SE ESE	
Annual Report	Foreign		
☐ Fictitious Name	Limited Partnershi Reinstatement	9: 51 LORID	<u>.</u>
	☐ Trademark☐ Other	> ` `	`
		1011E)\
CR2E031(7/97)		Examiner's Initials	

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. The name of the limite	ed liability company is	s: <u>HIALEAH (</u>	GARDENS RE, L.L.C			
2. The mailing address o	f the limited liability	company is:5	922 Cattlemen La	ne, Suite 203		
		S	arasota, FL 3423	2		
August 24, 2	001		L01000014703	700		
3. Date of filing/registrat		4	. Document number	DEC JOH		
5. The name of the register Florida Department of		istered office ad	dress as shown on the			
	Gerald A. Dech	o₩		중의 물		
		Name		5.5 FLOW FLOW		
	5922 Cattlemen Lane, Suite 203					
	C EI 3	Address		Ä		
	Sarasota, FL 3	, State and Zip				
6 The name and address	•	•	i.a.			
6. The name and address of	of the new registered a	agent and/or on	ice:			
	Ted E. Mack					
		Name				
	803 N. Calhoun					
	Florida street addres	ss (P.O. Box NO	T acceptable)			
	Tallahassee	FL 32303				
	City,	State and Zip	•			
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of Signature of the operations.	ange or changes are nother registered agent we by confirmed that the liability company or	nade, the Florid rill be identical. e change(s) was as otherwise prompany.	a street address of the Or, in the case of a Fl /were authorized by ar	registered office lorida limited n affirmative vote of		
		,				
Gerald A. Dechow (Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with ana Chapter 608, F.S. Or, if the address, I hereby confirm to the confirm of Registered Agents)	atment as registered at of all statutes relative accept the obligation is document is being that the limited liability.	gent and agree e to the proper is of my position filed to merely t ty company has	to act in this capacity. and complete perform a as registered agent a reflect a change in the been notified in writir	I further agree to ance of my duties, is provided for in registered office ig of this change.		

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

INHS18(10/99)