## L01000020419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consist to the self-self-self-self-self-self-self-self-
Special Instructions to Filing Officer:

Office Use Only



300057532463

07/28/05--01037--021 \*\*25.00

SECRETARY OF STATE HE BIVISION OF CORPORATIONS
05 JUL 26 PM 3: 45





July 20, 2005

Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Heartwood 2, LLC

Document No. L01000020419

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Agent for filing with your office, along with our check in the amount of \$25.

If you require further information, kindly contact the undersigned at:

BankAtlantic 2100 West Cypress Creek Road Fort Lauderdale, FL 33309

Phone: 954-940-6398

Thank you for your attention to this matter.

Very truly yours,

Janet Quinn

Paralegal

/jlq Enclosures

7 days a week.



## 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 limit	ted liability company is	. Heartwo	od 2, LLC		
			2100 West Cypress Cre	ek Road	
Fort Lauderdale, FL		<b>"</b>	-		
11/28/01			L01000020419		
3. Date of filing/registration in Florida			4. Document number		<del></del>
5. The name of the regis Florida Department of			address as shown on the re	cords of the	
	2100 West Cypres		oad	-	<b>5</b>
	Fort Lauderdale, F	Address L 33309 State and 2	<u>Cip</u>	05 JUL 26	NO SECON
6. The name and address	•		•	26	FARY CK
James A. White				24	공 유 일 오
	Name 2100 West Cypress Creek Road			<b>4.</b> 5	CORPORATIONS
	Florida street addres	s (P.O. Box	NOT acceptable)		. (2)
	Fort Lauderdale,	<sub>FL</sub> 333	09		
	City, S	State and Zip	)		
confirmed that after the cand the business office o	change or changes are median the registered agent wereby confirmed that the disability company or the limited liability c	nade, the Flo ill be identic change(s) vas otherwise ompany.	ws of the State of Florida, in orida street address of the re- cal. Or, in the case of a Flor was/were authorized by an a exprovided in the articles of	gistered offic ida limited Iffirmative vo	ote of
James A. White, Man	ager				
(Printed or typed name of signee	-		<del>.</del>	<u> </u>	
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	nintment as registered a significant of all statutes relatived accept the obligation this document is being a short the limited liability.	gent and ag e to the prop is of my pos filed to mere ty company	ree to act in this capacity. It per and complete performan ition as registered agent as ely reflect a change in the re has been notified in writing	further agre ice of my duti provided for egistered offic of this chang	e to ies, in ce ce
7	_				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(99) FILING FEE: \$25.00