L01000020420

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SECRETARY OF SIAIDAY
DIVISION OF CORPORATIONS
OF UN 25 PM 3: 22





July 20, 2005

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

Re:

Heartwood 19, LLC

Document No. L01000020420

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 19, LLC	······································		'	
2. The mailing address of				press Creek R	oad		
Fort Lauderdale, FL							
11/28/01			L01000020420				
3. Date of filing/registration in Florida			4. Document number				
5. The name of the regist Florida Department of			address as show	vn on the records	of the		
	2100 West Cypres	Name	ad				
Address Fort Lauderdale, FL 33309 City, State and Zip				_	05 JUL	SECRE	
6. The name and address of the new registered agent and/or office:					. 26	OF A	
	James A. White				PH	39 P	
	Name 2100 West Cypress Creek Road				ვ. 22	RATION	
	Florida street addres	ss (P.O. Box	NOT acceptabl	e)		स्क	
	Fort Lauderdale,	FL 3330	9.	_			
	City,	State and Zip		· ·			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement.	hange or changes are not the registered agent we geby confirmed that the deliability company or of the limited liability of the liabil	nade, the Flo vill be identic e change(s) v as otherwise company.	rida street addre al. Or, in the ca	ss of the register se of a Florida li	ed officed		
(Signature of a member or author	ized representative of a memb	oer)					
James A. White, Mana (Printed or typed name of signee	-						
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Ort if address, I hereby confirm (Signature of Registered Agent)		gent and agree to the prop is of my posi filed to mere ty company l	ee to act in this er and complete ion as registere ly reflect a char as been notified	capacity. I furthe performance of dagent as provinge in the registe I in writing of thi	ier agri my dui ded for red offi is chan	ee to lies, in ice ge.	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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