101000020421

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

Office Use Only



400057532374

07/26/05--01037--013 **25.00

SECRETARY OF STATE DIVISION OF CORPORATION





July 20, 2005

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

Re: I

Heartwood 18, LLC

Document No. L01000020421

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 | ed liability company is: | Heartwood 18, LLC | |
|--|---|---|--|
| | | pany is: 2100 West Cypress (| Creek Road |
| Fort Lauderdale, FL 3 | | | |
| 11/28/01 | | L01000020421 | |
| 3. Date of filing/registration in Florida | | 4. Document number | |
| 5. The name of the registr Florida Department of | State: St. John Daugherty | red office address as shown on the | e records of the |
| | 2100 West Cypress C | lame Creek Road | - |
| | Fort Lauderdale, FL | Idress 33309 ate and Zip | SEGRETARY DS JUL 26 |
| 6. The name and address | of the new registered ager | nt and/or office: | F CON |
| | James A. White | | PH 3 |
| | Na 2100 West Cypress C | me reek Road | of corporations 26 PM 3: 24 |
| | Florida street address (F | P.O. Box NOT acceptable) | <i>o.</i> |
| | Fort Lauderdale, | _{TL} 33309 | |
| | City, Stat | e and Zip | |
| confirmed that after the cl and the business office of liability company, it is her the members of the limite | nange or changes are made the registered agent will be by confirmed that the change of the limited liability company or as of the limited liability company | ler the laws of the State of Florida e, the Florida street address of the be identical. Or, in the case of a F ange(s) was/were authorized by a otherwise provided in the articles pany. | e registered office Florida limited in affirmative vote of |
| James A. White, Mana | | | |
| (Printed or typed name of signee) | ger | | |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | ntment as registered agen s of all statutes relative to I except the obligations of his document is being filed that the limited liability co | t and agree to act in this capacity the proper and complete perforn f my position as registered agent d to merely reflect a change in the ompany has been notified in writi | n. I further agree to nance of my duties, as provided for in eregistered officeing of this change. |

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

FILING FEE: \$25.00

INHS18(10/99)