## L01000020495

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SECRETARY OF STATEMS
BIVISION OF CORPORATIONS
OF 111 26 PM 3: 41





July 20, 2005

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

Re: Heartwood 4, LLC

Document No. L01000020495

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.

Heartwood 4.11 C.

1. The name of the li	mited liability company is:	Heartwood 4, LLC	
		npany is: 2100 West Cypress	Creek Road
Fort Lauderdale, F			
11/28/01		L01000020495	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the re Florida Departmen		ered office address as shown on th	he records of the
	2100 West Cypress	Name Creek Road	S IA IB
	Fort Lauderdale, FL	Address 33309 tate and Zip	NSECRETARY 05 JUL 26
6. The name and addr	ess of the new registered age	*	2
	James A. White		PN 3: 41
	2100 West Cypress	ame Creek Road	SNO E
	Florida street address (	(P.O. Box NOT acceptable)	·
	Fort Lauderdale,	FL 33309	
	City, Sta	ate and Zip	
confirmed that after the and the business offic liability company it is the members of the litthe operating agreement.	ne change or changes are made of the registered agent will a hereby confirmed that the content of the limited liability company or as a tof the limited liability confirmed that the confirmed that the limited liability confirmed the limited liability confirmed that the limited liability confirmed the limited liability confirmed the limited liability confirmed that the limited liability confirmed the limited liability confirmed that the limited liability confirmed the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed the liability confirmed that the liability confirmed the lia	nder the laws of the State of Floride, the Florida street address of the be identical. Or, in the case of a hange(s) was/were authorized by otherwise provided in the article inpany.	ne registered office Florida limited an affirmative vote of
(Signature of a member of a	thorized representative of a member)	——————————————————————————————————————	
James A. White, M			
(Printed or typed name of sig	mee)		
	<u> </u>	ent and agree to act in this capaci to the proper and complete perfor of my position as registered agen ed to merely reflect a change in t company has been notified in wri	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
(Signature of Registered Age	an)		

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

**FILING FEE: \$25.00** 

INHS18(10/99)