P.01/02

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000211471 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

1 (850)205-0380

Account Name

t C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

REGENCY HILLS BY LEVITT AND SONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

First opic filing Meru

Cornerate Films

BUND ACCORD HOR

.t. .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the Sta	ons of sections 60 is the following st te of Florida.	8.416 or 608.508, Florida Statute atement in order to change its reg	s, the undersigned limited istered office or registered
1. The name of the limit	ed liability compa	ny is: Regency Hills by Levitt and Sons,	LLC
2. The mailing address of	f the limited liabil	ity company is :	
7777 Glades Road, Suite 410	, Boca Raton, FL 334	134	
12/18/2001		L01000021994	
3. Date of filing/registra	tion in Florida	4. Document nu	mber
5. The name of the regist Florida Department of		registered office address as shown	on the records of the
	Jeffrey Hoyos		
		Name	
war end of the second	7777 Glades Road,	Address	- · · · · · · · · · · · · · · · · · · ·
	Boca Raton, FL 33		A' B
	Tites resent, LT. D.	City, State and Zip	- F = 8
6. The name and address	of the new registe	· · · · · · · · · · · · · · · · · · ·	2004 OCT 22 AM 9: 39 2004 OCT 22 AM 9: 39 2014 OCT 22 AM 9: 39 2014 OCT 22 AM 9: 39 2014 OCT 22 AM 9: 39
	C T Corporation Sy	ystem	ORPO SEE,
		Name	TO TO
	1200 South Pine Isl		9: 31 ORATH FLORI
	Florida street a	ddress (P.O. Box NOT acceptable)	39 RIDA
	Plantation	FL 33324	•
	(City, State and Zip	
confirmed that after the c and the business office o liability company, it is he	change or changes of the registered ag ereby confirmed the ed liability compa-	nized under the laws of the State of are made, the Florida street address ent will be identical. Or, in the case at the change(s) was/were authorize my or as otherwise provided in the allity company.	of the registered office of a Florida limited d by an affirmative vote of
(Signature of a member of author	rized representative of a	member)	
Teffer Ho (Printed or typed name of signer	yos		
I hereby accept the appo	dintment as registe ns of all statules r nd accept the obli this document is l withat the limited l	rred agent and agree to act in this co elative to the proper and complete p gations of my position as registered being filed to merely reflect a chang lability company has been notified to R.S. SOUTA	performance of my aunes,
(Signature of Registered Agen	- A	R F. SOUZA Antsecretary	
	•	ns, P.O. Box 6327, Tallahassee, Fl	L 32314

FILING FEE: 525.00

FL015-9/27/99 C T System Online

INH\$18(10/99)