

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154

Phone

: (954)525-9900

Fax Number

: (954)523-2872

REGISTERED AGENT CHANGE

LEVITT AND SONS OF MANATEE COUNTY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

Pursuant to the provisi liability company subm agent, or both, in the St	ions of sections 60 its the following st ate of Flortda.	08.416 or 608.508, Florida Statute tatement in order to change its reg	s, the undersign istered office or i	ed limited registered
1. The name of the limit	ted liability compa	ny is: Levitt and Sons of Manates (County, LLC	
2. The mailing address	of the limited liabi	lity company is : 2200 West Cypro	ess Creek Road	
Ft. Lauderdale, FL 33	3309			
December 18, 2001		L01000022000		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regis Florida Department o	f State:	e registered office address as shown	on the records of	the
	CT Corporal		- ヺ	
		Name		
	1200 South F	Pine Island Road	- [AS II	COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE STATE OF THE PERSON SERVICE STATE STAT
		Address	1 DEC TO CRETARY AHASSE	9 H
	Plantation, FL	33324		
		City, State and Zip		ğ
6. The name and address	s of the new registe	ered agent and/or office:	E OF D	
	BSPA Corpor	rate Services, Inc.	STATE	
		Name	· 8π · 3	
	350 E. Las Of	as Blvd., Suite 1000	, ≽ " ∞	
		ddress (P.O. Box NOT acceptable)	,	
•	Ft. Lauderdale			
	Ċ	City, State and Zip		
confirmed that after the and the business office of liability company, it is he	change or changes of the registered ag sereby confirmed th	nized under the laws of the State of are made, the Florida street address ent will be identical. Or, in the case nat the change(s) was/were authorize any or as otherwise provided in the lability company.	s of the registered s of a Florida limi ed by an affirmat	office ted ive vote
(Signature of a member or auth	orized representative of a	namber)		
		• •		
SETHWISE (Printed or typed name of signs				
I hereby accept the app comply with the provision and I am familiar with a chapter 608, F.S. Or i address. I hereby confir BSPA CO FINE ATE Company of Registered Agent	ointment as registe ons of all statutes r ind accept the oblig this document is m that the limited l SELVICES, IN	ared agent and agree to act in this c elative to the proper and complete p gations of my position as registered fains filed to merely reflect a chang lability company has been notified to	apacity. I further performance of m agent as provide e in the registered in writing of this d	agree to y duties, d for in d office change.
(Signature of Registered Agent				
Divis	ion of Corporation	ns, P.O. Box 6327, Tallahassee, Fl	L 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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