Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

REGISTERED AGENT CHANGE

LEVITT AT WESTCHESTER, LLC

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

25.00

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

Pursuant to the provisions liability company submits th agent, or both, in the State of	ie tollowing statement in ordei	08, Florida Statutes, the undersigned limited r to change its registered office or registered	
1. The name of the limited liability company is: Levitt at Westchester, LLC			
2. The mailing address of th	e limited Hability company is :		
7777 Glades Road, Suite 410, Bo	cz Raton, FL 33434		
12/19/2001		L01000022045	
3. Date of filing/registration	in Florida	4. Document number	
5. The name of the registered Florida Department of Sta	l agent and the registered office te:	e address as shown on the records of the	
Je	ffrey Hoyos		
-	Name	ES. F	
77	777 Glades Road, Suite 410	ES S T	
-	Address		
Bo	eea Raton, FL 33434	72 K	
	City, State and	Zip	
6. The name and address of t	he new registered agent and/or	OF OCT 22 MM 9: 24 TALLAMASSEE, FLORIDA TOTAL	
C.	T Corporation System	<u> </u>	
	Name		
120	00 South Pine Island Road	•	
Florida street address (P.O. Box NOT acceptable)			
_ <u>P1</u>	lantation FL 3332		
	City, State and Zi	-	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of withorized representative of a member)			
Jeffery House	·	_	
(Printed or typed name of signee)			
comply with the provisions of	f all statutes relative to the pro	gree to act in this capacity. I further agree to iper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			
INHS18(10/99)	FILING FEE: \$	25.00	

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