

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Mumber

: (850)205-0380

Prom:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850) 222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

THE VILLAGES AT EMERALD LAKES, LLC

Certificate of Status	0
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Page Count	02_
Estimated Charge	935.00

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Corporate Filling

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

Pursuant to the provisions of sections 608.416 liability company submits the following statemen agent, or both, in the State of Florida.	or 608.508, Florida Statutes, the undersigned limited it in order to change its registered office or registered
I. The name of the limited liability company is:	The Villages at Emerald Lakes, LLC
2. The mailing address of the limited liability cor	npany is:
7777 Glades Road, Suite 410, Boca Raton, FL 33434	·
12/19/2001	L01000022053
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered agent and the registered Florida Department of State:	
Jefficy Hoyos	
· · · · · · · · · · · · · · · · · · ·	Name
7777 Glades Road, Suite 4	
	Address
Boca Raton, FL 33434	state and Zip
	Par 2
6. The name and address of the new registered ag	
C T Corporation System	
	ame 9: 26
1200 South Pine Island Roz	1
Florida street address	(P.O. Box NOT acceptable)
Plantation	FL 33324
City, Sta	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the other members of the limited liability company or at the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operating agreement of the limited liability confirmed that the operation of the limited liability confirmed the operation of the limited liability confirmed that the operation of the limited liability confirmed the limited liability confirmed that the operation of the limited liability confirmed the limited liability confirmed the limited liability confirmed the limited liability confirmed the liability confi	de, the Florida street address of the registered office lee identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of a otherwise provided in the articles of organization or mpany.
(Signature of a member or authorized representative of a member)	
Jeffery Hoyas	
(Printed or typed name of signee)	
I hereby accept the appointment as registered aga comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapten 608, F.S. Or, if this document is being fundatess, I hereby confirm that the limited liability CT Carporation System. PETER F. SO	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Acginere d Agent) ASSISTANT SECR	
Division of Corporations, P.O.	. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)