

Florida Department of State

Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

BELLAGGIO BY LEVITT AND SONS, LLC

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12/7/2007

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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 submi agent, or both, in the Sta	ons of sections 608.4 is the following state: ite of Florida.	16 or 608.508, Florida Sto ment in order to change its	atutes, the undersigned limited registered office or registered
		is: Bellagilo by Levitt and S	
2. The mailing address	of the limited liability	company is : 2200 West C	ypress Creek Road
Ft. Lauderdale, FL 33	309		
December 19, 2001		L01000022	054
Date of filing/registra	ition in Florida	4. Documen	it number
5. The name of the regis Florida Department of	tered agent and the re f State:	gistered office address as sh	own on the records of the
-	CT Corporation		March 40, 4, 4, 4, 4, 4
	1200 South Pine	Name Jeland Road	
	1200 30gui Pine	Address	— 5° 3
•	Plantation, FL 3	3324	FE
	Cif	y, State and Zip	- 超 6
6. The name and address	of the new registered	agent and/or office:	OT DEC 10 SECRETARY TALLAHASS
	BSPA Corporati		
	350 E. Las Olas	Name Blvd., Suite 1000	100 si
		ess (P.O. Box NOT accepta	ble) PRE 2
	Ft. Lauderdale	FL 33301	D
	City	, State and Zip	
confirmed that after the and the business office cliability company, it is hof the members of the lior the operating agreement.	change or changes are of the registered agent ereby confirmed that t mited liability comparent of the limited liabi		e of Florida, it is hereby iress of the registered office case of a Florida limited orized by an affirmative vote in the articles of organization
(Signature of a member or auth	orizad representative of a mer	mber)	
SETH WISE (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 if address, I hereby confir SPA Coll of Are (Signature of Registered Agant)	L.F	l agent and agree to act in tive to the proper and complons of my position as regist is filed to merely reflect a cillity company has been notif	his capacity. I further agree to ete performance of my auties, ered agent as provided for in nange in the registered office itsed in writing of this change.
Divis		P.O. Box 6327, Tallahasse NG FEE: \$25.00	e, FL 32314

INHS18 (8/05)