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.

(((H04000211445 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 : (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

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

04 OCT 22

REGISTERED AGENT CHANGE

HORIZONS ACQUISITION 7, LLC

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

inciriopis: Filipa Maru

Comprete Filing

Public Access Help.

T0/22/04

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, t liability company submits the following statement in order to change its registe agent, or both, in the State of Florida.	he undersigned limited red office or registered	
1. The name of the limited liability company is: Horizons Acquisitions 7, LLC		
2. The mailing address of the limited liability company is:		
PO Box 5403, Ft. Lauderdale, FL 33310		
05/16/2002 L02000011939		
3. Date of filing/registration in Florida 4. Document number	T	
5. The name of the registered agent and the registered office address as shown on a Florida Department of State:	the records of the	
Glen R Gilbert		
Name		
1750 East Sunrise Blvd		
Address		
Ft. Lauderdale, FL 33304 City, State and Zip	a. O	
- · · · · · · · · · · · · · · · · · · ·		
6. The name and address of the new registered agent and/or office:	34 OCT 22 AN 0:37	
C T Corporation System	22 ASSE	
Name		
1200 South Pine Island Road		
Florida street address (P.O. Box NOT acceptable)		
•	and 1	
Plantation FL 33324	D	
City, State and Zip		
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 or authorized representative of a member)		
James H. Andreson, SUIS		
(Printed or typed name of signes)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, P.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. CT Corporation System PETER F. SOUZA (Signature of Registated Agent)		
Division of Corporations, P.O. Box 6327, Tullahassee, FL 32	2314	

FILING FEE: \$25.00

FL015-9/27/99 C T Syxoon Online

INHS18(10/99)