



L020000018536

ACCOUNT NO. : 072100000032

REFERENCE : 683803

AUTHORIZATION :

COST LIMIT : \$ 25.00

165301A
Patricia Poynt

02 JUL 30 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : July 30, 2002

ORDER TIME : 8:57 AM

ORDER NO. : 683803-005

CUSTOMER NO: 165301A

CUSTOMER: Kim Bartels, Legal Assistant
Evans & Luptak, P.L.C.
4th Floor
4700 NW Boca Raton Blvd.
Boca Raton, FL 33431

200006760622--B

CHANGE OF AGENT

NAME: BEZTAK OF LEGACY PLACE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley -- EXT# 1130

EXAMINER: _____

RECEIVED
02 JUL 30 PM 12:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

L02-18536
CR

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, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Beztak of Legacy Place, L.L.C.

2. The mailing address of the limited liability company is: 4700 NW Boca Raton Blvd., 4th Floor,
Boca Raton, FL 33431

3. Date of filing/registration in Florida 7/23/02

4. Document number 900006590959-1

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Paola M. Luptak

Name

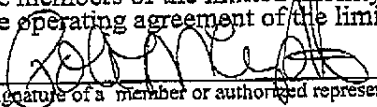
4700 NW Boca Raton Blvd., 4th Floor

Florida street address (P.O. Box NOT acceptable)

Boca Raton FL 33431

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)

Paola M. Luptak

(Printed or typed name of signee)

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, F.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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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02 JUL 30 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA