## L0400000187

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Miami Lots, LLC (Name of L	Limited Liability Company)	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Martin P. Heise (Name of Person)		07 JUL 25 AH 11: 38
Miami Lots, LLC		7
(Firm/Company)		<del>=</del>
2200 NW 2 Avenue, Suite 220		8
(Address)	·	
Boca Raton, FL 33431	•	
(City/State and Zip Code)	•	
For further information concerning this matte	tter, please call:	
Bettina Smoot	at (561 ) 997-0045 x-203	
(Name of Person)	(Area Code & Daytime Telephone N	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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: Miami Lot	s, LLC		,
2. The mailing address of th	ne limited liability company is:	2200 NW 2 Avenue, Suite 220		
Boca Raton, FL 33431				
01/02/2004		L0400000187		
3. Date of filing/registration	in Florida	4. Document number		
5. The name of the registere Florida Department of Sta		e address as shown on the records	of the	
•	/lartin P. Heise			
	Name		07	8 8
<u>9</u>	47 Clint Moore Road		JIL.	SEC. 1
a	Address		~	
<u>.</u>	loca Raton, FL 33487 City, State and 2	Zip	25	7 X
6. The name and address of the new registered agent and/or office:		•	AM 11: 38	)RPGK
M	lartin P. Heise		ယ္က	ANE
22	Name 200 NW 2 Avenue, Suite 22	20	ω	35
Ī	Florida street address (P.O. Box	NOT acceptable)		
. <u>B</u>	oca Raton, FL 334	<del></del>		
	City, State and Zi	p		
confirmed that after the char and the business office of the liability company, it is herely of the members of the limits or the operating agreements	nge or changes are made, the Fl re registered agent will be identi by confirmed that the change(s)	aws of the State of Florida, it is he orida street address of the register cal. Or, in the case of a Florida li was/were authorized by an affirm wise provided in the articles of or	ed offi mited ative v	vote
Martin P. Heise (Printed or typed name of signee)		-		
· · · · · · · · · · · · · · · · · · ·	ment as registered agent and a of all statutes relative to the pro- accept the obligations of my pos- s document is being filed to men nat the limited liability company	gree to act in this capacity. I furth per and complete performance of iition as registered agent as provicely rely reflect a change in the registe has been notified in writing of thi	er agr my du ded foi red off s char	ree to ties, r in fice ige.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00