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To:

Division of Corporations

Fax Number : (8

: (850)205-0380

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL

Account Number: 076376001447 Phone: (561)832-5900 Fax Number: (561)833-4209

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REGISTERED AGENT CHANGE

THE PLACE VIA CLEMATIS, LLC

Certificate of Status	0
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Corporate Filing Menu

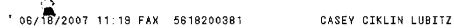
2007 JUN 18 AM 9: SECRETARY OF STA TALLAHASSEE, FLOG

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Place Via Clematis, LLC (Name of Lin	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
Gary Walk, Esq.	- ·
(Name of Person)	THE STATE STATE OF THE STATE OF
Casey Ciklin Lubitz Martens & O'Conne (Pirm/Company)	<u> </u>
515 North Flagler Drive, 18th Floor	
(Address)	
West Palm Beach, Florida 33401 (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter,	, please call:
Gary Walk, Esq.	at (561) 832-5900
(Name of Person)	(Area Code & Daytime Telephone 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	amount:
✓ \$25 Filing Fee	S55 Filing Fee & Certified Copy
NHS18 (8/05)	(((H07000160001 3)))



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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 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.

	The Blace Via Clamatic 11 C		
1. The name of the limited liability company is	The Place VIa Clematis, LLC	·	
The mailing address of the limited liability c	ompany is : <u>517 N. Olive Aver</u>	านอ,	
West Palm Beach, Florida 33401		,	
February 16, 2004	L04000012399		
3. Date of filing/registration in Florida		4. Document number	
•			
5. The name of the registered agent and the registered agent age	stered office address as show	m on the records of the	
Rodolfo Gonzalez			
1000	Name	_	
517 N. Olive Avenue			
are the	Address		
West Palm Beach, F			
•	, State and Zip	78 78 TA	
6. The name and address of the new registered a	igent and/or office:	ZOOT JUN 18 SECRETAR'S TALLAHASS	
Gary <u>Walk, Esq.,</u> c/o	Casey Ciklin, et el	HAZ -	
· · · · · · · · · · · · · · · · · · ·	Name	TARY ASS	
515 North Flagler Dri			
Florida street addres	s (P.O. Box NOT acceptable	FES. G	
West Palm Beach,	FL 33401	9: 43 STATE	
	State and Zip	om w	
If the limited liability company is not organized confirmed that after the change or changes are mand the business office of the registered agent which is the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of signature of typed name of signate)	nade, the Florida street addrevill be identical. Or, in the case change(s) was/were authority or as otherwise provided in ty company.	ss of the registered office see of a Florida limited ized by an affirmative vote the articles of organization	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability (Signature of Registered Agent)	agent and agree to act in this we to the proper and complete ns of my position as registere filed to merely reflect a chan ity company has been notified	capacity. I further agree to performance of my duties, a agent as provided for in use in the registered office in writing of this change.	
Division of Corporations, P	.O. Box 6327, Tallahassee, l	FL 32314	

INHS18 (8/05)

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