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SECRETARY L. STAT

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:	Nomes of East Lake Village, LLC
2. The mailing address of the limited liability compa	ny is: 4227 Northlake Blvd.
Palm Beach Bardens, Florid	
03/23/04	404000022040
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registerer Florida Department of State:	
Spiegel & UTVEN Na 640SW 22rd S	treet, 4th Floor
Mianu, F-Tonio City. Stat	la 33145
6. The name and address of the new registered agent	产品 景
Michelle L	Sides, Esq. Boxlevard
	Le Boulevard
Florida street address (P.	O. Box NOT acceptable)
Poln Beach Gardens Fl City, State	33410 SP 2
City, State	and Zip
If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the cha the members of the limited liability company or as o the operating agreement of the limited liability comp	er the laws of the State of Florida, it is hereby the Florida street address of the registered office e identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or any.
(Signature of a member or authorized representative of a member)	·
Michael F. Aranda (Printed or typed name of signee)	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the abligations of Chapter 608, F.S. Or, fithis document is being filed address, I hereby confirm that the limited liability constitutes of Registered Agent	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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