

## Florida Department of State

Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

## LEVITT AND SONS AT TRADITION, LLC

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12/7/2007

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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 liability company submits the following statement agent, or both, in the State of Florida.	<ul> <li>608.508, Florida Statutes, the in order to change its registered</li> </ul>	undersigned limited d office or registered
1. The name of the limited liability company is: Le	evitt and Sons at Tradition, LLC	
2. The mailing address of the limited liability comp	any is: 2200 West Cypress C	reek Road,
Ft. Lauderdale, FL 33309		
March 29, 2004	L04000026202	
3. Date of filing/registration in Plorida	4. Document number	
5. The name of the registered agent and the registers Florida Department of State:	ed office address as shown on the	e records of the
CT Corporation Sys	stem	
	ame	
1200 South Pine Isla		
	dress	
Plantation, FL 33324	te and Zip	
6. The name and address of the new registered agent	- <b></b> -	TA'S 21
BSPA Corporate Se	rvices, Inc.	Z007 DEC SECRETA
Num		新 克
350 E. Las Olas Blvd.	O, Box NOT acceptable)	SA -
Fiorida street address (F.	.O. Box NOT acceptable)	
Ft. Lauderdale F	L 33301	
City, State	and Zip	107 St. 128 L.
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the choof the members of the limited liability company or a or the operating agreement of the limited liability co	e, the Florida street address of the e identical. Or, in the case of a l ange(s) was/were authorized by as otherwise movided in the artic	e registered office Florida limited an affirmative vote
(Signature of a member or authorized representative of a member)		
SETH WISE		
(Printed or typed name of signes)	_	• •
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 obligations of Chapter 608, F.S. Or, if this accument is being filed accept. I hereby confirm that the limited liability of the Corresponding to the smited liability of the Corresponding to the confirmation of the confirmation.	t and agree to act in this capacit the proper and complete perfort my position as registered agent i to merely reflect a change in th impany has been notified in writ	y. I further agree to nance of my dutles, as provided for in e registered office ing of this change.
(Signature of Relisiered Agent)		
Division of Corporations, P.O. I	Box 6327, Tallahassee, FL 323	14

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