## Florida Department of State

Division of Corporations Public Access System

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From:

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Account Number: 120020000154
Phone: (954)525-9900

Fax Number : (954)523-2872

SECRETARY OF STATE ALLAHASSEE, FLORIDA

## REGISTERED AGENT CHANGE

## LEVITT AND SONS AT HAWK'S HAVEN, LLC

Certificate of Status	0
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12/7/2007

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH 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.	r 608.508, Florida Statues, the undersign in order to change its registered office or	registered
1. The name of the limited liability company is: Le	evitt and Sons at Hawk's Haven, LLC	
2. The mailing address of the limited liability comp	oany is : 2200 West Cypress Creek Roa	<u>d</u> .
Ft. Lauderdele, FL 33309		·
May 25, 2004	L04000040591	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:  CT Corporation Systems		of the
	ame	
1200 South Pine Isla		
	dress	
Plantation, FL 33324 City, Sta	te and Zip	_
6. The name and address of the new registered agen	•	SECRE
BSPA Corporate Se	rvices, Inc	强。
Nar	ne	
350 E. Las Olas Blvd		mo z
riorida sirect adoress (r	P.O. Box NOT acceptable)	OF STA
	<u>r_ 33301</u>	
City, State	and Zip	≽m –
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 be liability company, it is hereby confirmed that the choof the members of the limited liability company or or the operating agreement of the limited liability of	e, the Florida street address of the registere to identical. Or, in the case of a Florida lim tange(s) was/were authorized by an affirma	d office nited tive vote
(Signature of a mamber or authorized representative of a mamber)	<del></del>	
SETH WISE		
(Printed or typed name of signec)	<del></del>	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of appears 108, F.S. Or If this document is being file address. I hereby confirm that the limited liability of LDFA, OF LOTAL SAMM.  (Signature of Registived Agent)	it and agree to act in this capacity. I furthe the proper and complete performance of n fmy position as registered agent as provided a to merely reflect a change in the register ompany has been notified in writing of this	r agree to ny duttes, ed for in ed office change.
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314 FEE: \$25.00	

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