## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name GREENSPOON MARDER, P.A.

Account Number : X19990000182 Phone

: (954)491-1120

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**REGISTERED AGENT CHANGE** 

LINWOOD PARTNERS LLC

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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.		
1. The name of the limited liability company is: LINWOOD PARTNERS LLC		
2. The mailing address of the limited liability company is: 405 N.W. Springview Loop		
Port St. Lucie, Florida 34986		
August 16, 2004 L04000061500		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
Alan B. Cohn		
Name 2021 Tyler Street 2021		
Address		
Hollywood, Florida 33020		
Name  2021 Tyler Street  Address  Hollywood, Florida 33020  City, State and Zip  6. The name and address of the new registered agent and/or office:  Alan B. Cohn  Name  100 West Cypress Creek Road, Suite 200		
Alan B. Cohn		
Name.		
100 West Cypress Creek Road, Suite 700  Florida street address (P.O. Box NOT acceptable)		
Fort Lauderdale FL 33309		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
(Signature of a member or authorized representative of a member)		
Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On if the doppment is being filed to merely reflect a change in the registered affice address I hereby confirmation for timited limited liability company has been notified in writing of this change.		
(Signature of Registered Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (8/05)