Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154

Phone

: (954)525-9900

Fax Number

: (954)523-2872

REGISTERED AGENT CHANGE

LEVITT AND SONS OF LEE COUNTY, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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 una liability company submits the following statement in order to change its registered off agent, or both, in the State of Florida.	lersigned limited Ice or registered
1. The name of the limited liability company is: Levitt and Sons of Lea County, LLC	
2. The mailing address of the limited liability company is : 2200 West Cypress Creek	Road
Ft. Lauderdale, FL 33309	
October 27, 2004 L04000078284	
3. Date of filing/registration in Plorida 4. Document number	<u> </u>
5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State:	ords of the
CT Corporation System	
Name	
1200 South Pine Island Road Address	
Plantation, FL 33324	
City, State and Zip	
6. The name and address of the new registered agent and/or office:	
BSPA Corporate Services, Inc.	
Name 350 E. Las Olas Blvd., Suite 1000	
Florida street address (P.O. Box NOT acceptable)	
Ft. Lauderdale FI, 33301	
City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it confirmed that after the change or changes are made, the Florida street address of the reg and the business office of the registered agent will be identical. Or, in the case of a Flori liability company, it is hereby confirmed that the change(s) was/were authorized by an a of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ristered office
(Printed or typed name of eignee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as performent to the policy of S. Or, if this document is being filed to merely reflect a change in the registeres. I hereby confirm that the limited liability company has been notified in writing the limited of the limite	further agree to be of my duties, provided for in gistered office of this change.
(Signature of Regulered Agent)	≯s ⊜
Division of Corporations, P.O. Box 6327, Taliabassee, FL 32314 FILING FEE: \$25.00	07 DEC -10 ECRETARY LLAHASSI
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