

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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· Account Name : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : 120020000154

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: (954)525-9900

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REGISTERED AGENT CHANGE

LEVITT AND SONS OF HERNANDO COUNTY, LAC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 608.41 is the following statem te of Florida.	6 or 608.508 ent in order	l, Florida Statutes, to change its regist	the undersigned tered office or re	i limited gistered
1. The name of the limit	ed liability company is	: Levitt and 5	Sons of Hernando C	ounty, LLC	
2. The mailing address o	f the limited liability c	ompany is: 2	200 West Cypres	S Creek Road	
Ft. Lauderdale, FL 333	309				
November 8, 2004			L04000081202		
3. Date of filling/registrat	tion in Florida		4. Document num	ber	
5. The name of the regist Florida Department of	State: CT Corporation	System Name		2001 DEI SECRET	
	1200 South Pine	Island Roa Address	<u> </u>	AR SS	
	Plantation, FL 33		p		
6. The name and address	of the new registered a	igent and/or o	office:	유로 :	O
	BSPA Corporate 350 E. Las Olas B Florida street addres	Name Slvd., Suite	1000	34 10A	
	Ft, Lauderdale	FL 3330		·	
	City,	State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lite or the operating agreement (Signature of a member or authority).	hange or changes are to f the registered agent was steby confirmed that the mited liability company nt of the limited liability	made, the Flor vill be identic se change(s) v y or as otherw ty company.	rida street address o al. Or, in the case o vas/were authorized	of the registered of a Florida limit I by an affirmativ	office ed ve vote
SETH WISE					
(Printed or typed name of signes) I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm INA COKNOLATE SOLV (Signature of Refletered Agent)		igent and agree to the prop re to the prop ry of my posit filed to mere ity company h	ree to act in this car er and complete pe ion as registered a ly reflect a change ias been notified in	acity. I further of my gent as provided in the registered writing of this ci	agree to duties, for in office hange.

Division of Corporations, P.O. Box 6327, Tallahassec, FL 32314
FILING FEE: \$25.00

INHS18 (8/05)