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J. SAULSBERRY EXAMINER

J. SAULSBERRYDEC 7 2011

DEC 7 2011

COVER LETTER

SUBJECT: RIVERBEND AT LAS OLAS, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Mr. Andrew Behm Name of Person RIVERBEND AT LAS OLAS, LLC Firm/Company 10004 N. W. 46th Street Address Sunrise, FL 33351 City/State and Zip Code Knreal + Q Jahoo Lom E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrew Behm Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations. Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: XS25 Filing Fee \$555 Filing Fee & Certified Copy	_	ation Section of Corporations		
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2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:				
Tallahassee, Florida 32301 Enclosed is a check for the following amount:				
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\$25 Filing Fee & Certified Copy	Enclosed	l is a check for the followi	ng amount:	
	X \$25 F	iling Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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. Name of the limited liability company:	RIVERBEND AT LAS OLAS, LLC
2. (a) Principal office address of limited liability co	mpany:
(Note: MUST BE STREET ADDRESS)	10004 N W 46th Street Sunrise, FL 33351
(b) Mailing address of limited liability company:	7 7 m
(Note: MAY BE POST OFFICE BOX)	Same Fig. Co.
12/20/2004	L04000092079
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Leonard E. Zedeck, Esq.
Registered Office Address:	8870 W. Oakland Park Blvd, #101 Sunrise, FL 33351
(b) Enter name of <u>NEW Registered Agent</u> and/one <u>NEW Registered Agent</u> :	Chad R. Laing
NEW Registered Office Address:	Laing & Weicholz, P. L.
(MUST BE FLORIDA STREET ADDRESS	Boca Raton ,FL 33487
If the limited liability company is not organized under 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 character is the metabors of the limited liability company or as or the operating agreement of the limited liability confirmed liability confirmed liability confirmed that the character is the operating agreement of the limited liability confirmed that the character is the limited liability confirmed that the character is the confirmed that the character is the character in the limited liability confirmed that the character is the character is the character in the character in the character is the character in the character in the character in the character in the character is the character in the character is the character in the c	the Florida street address of the registered office identical. Or in the case of a Florida limited
signature of a member or authorized representative of a member	· ·
) ANOREW BEHM	}
rimed of typed name of signee	and agree to get in this canacity. I have been conserved to
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	the proper and complete performance of my duties to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.

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

Signature of Registered Agent