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OS MAY 31 PH 1: 1

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.

agent, or both, in the sta				
1. The name of the limit	ed liability company is:	DAVIE I	HOMES ONE, L.L	<u>.C.</u>
2. The mailing address of				·
1920 EAST HALLANI	DALE BEACH BLVD	STE 905	HALLANDALE B	EACH, FL 33009
1/25/05			L05000008018	3
3. Date of filing/registra	tion in Florida		4. Document nur	nber
5. The name of the regist Florida Department of			e address as shown	on the records of the
	1920 EAST HALLA	Name	EACH BLVD	
	HALLANDALE BEA	Address ACH FL 33 , State and 2		FILED 05 HAY 31 PH 1: 13 SEUNLIASSEE, FLORID TALLAHASSEE, FLORID
6. The name and address	of the new registered a	gent and/or	office:	FILED Y 31 PH
	ALBERTO MIZRAHI			
	1920 EAST HALLA	Name NDALE B	EACH BLVD	FILED 5 HAY 31 PH 1: 13 ALLAHASSEE, FLORIDA
	Florida street addres	s (P.O. Box	NOT acceptable)	NDA S
	HALLANDALE BEA	AC _{FL} 330	09	
	City, S	State and Zi	p	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or author).	change or changes are most the registered agent we ereby confirmed that the ed liability company or of the limited liability company or the limited liability confirmed the li	nade, the Flill be identicle change(s) as otherwise company.	orida street address cal. Or, in the case	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
(Printed or typed name of signed	ade mizaphi		-	
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608, F.S. Or address, I hereby confirm (Signature of Registered Agent)	pintment as registered a ns of all statutes relative nd accept the obligation this document is being n that the limited liabili	igent and age to the pro is of my pos filed to men ty company	gree to act in this ca per and complete p sition as registered rely reflect a change has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.

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

INHS18(10/99)

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.

agent, or both, in the Blate of the law.	
1. The name of the limited liability company is: DAVIE	E HOMES ONE, L.L.C.
2. The mailing address of the limited liability company is	
1920 EAST HALLANDALE BEACH BLVD STE 90	5 HALLANDALE BEACH, FL 33009
1/25/05	L05000008018
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered off Florida Department of State:	ice address as shown on the records of the
ADOLFO GUITELMAN Name	
1920 EAST HALLANDALE	BEACH BLVD ZY S
Address HALLANDALE BEACH FL	33009 F
City, State and	d Zip 32 F
6. The name and address of the new registered agent and/	33009 d Zip /or office: REACH BLVD
ALBERTO MIZRAHI	F
Name 1920 EAST HALLANDALE	33009 d Zip /or office: BEACH BLVD
Florida street address (P.O. B	
HALLANDALE BEAC $_{ m FL}$ 33	3009
City, State and	Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(the members of the limited liability company or as otherwise operating agreement of the limited liability company. (Signature of a member or authorized expresentative of a member)	Florida street address of the registered office
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this abdument is being filed to maddress, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00