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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates of	Status				
Special Instructions to Filing Officer:						
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J. BRYAN

SEP - 2 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJ	ECT:	GREEN	HAURN	Acres	10-	79	LLC
			(Name of Lin	nited Liability Co	ompany)		
Dear S	Sir or Mad	am:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Dlanca	roturn all	correspondence (	concerning this	matter to the follo	wine		
ricase	return an	correspondence c	concerning this	matter to the folic	wing.		
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!-	1.14.2.1.	N C to (Name of Person	on)				
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	1116	androne in the second	72~		•		
HIALEAH FL 33013 (City/State and Zip Code)							
For further information concerning this matter, please call:							
1 01 10	itulet ituot	macion concerna	ig and manor, pr	ouse out.			
A MANCIO ALONSO at (305) 691-7814  (Name of Person) (Area Code & Daytime Telephone Number)							
	0	Name of Person)	at (	(Area Code & I	Daytime Tel	ephone !	Vumber)
	CTOFFT	COURIER ADD	DFCC.	MAILING A	ADDRESS:		
		on Section	240001	Registration			
		of Corporations		Division of C			
	Clifton B	uilding cutive Center Circl	ام	P.O. Box 632 Tallahassee,	<del>-</del> :	4	
•		ee, Florida 32301		i arianassee,	1 101 <b>100</b>	•	
Enclosed is a check for the following amount:							
■ \$55 Filing Fee & Certified Copy							
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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.

in the blute of Fioriaa.					
1. Name of the limited liability company: してをもい	HAVEN ACTES LOT 79 LLC				
2. (a) Principal office address of limited liability company	: 2955 EAST 11th AVENUE				
(Note: MUST BE STREET ADDRESS)	MIALEAM FLOTRION 33013				
(b) Mailing address of limited liability company:	2955 EAST 11th ALEMEN				
(Note: MAY BE POST OFFICE BOX)	HIALIAM FLORIDA 230				
8/18/08	1 0 5 46 4 7 1 4 7 4 7 9				
	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:				
Registered Agent:	AM CORPDIRECT AGENTS				
Registered Office Address:	P.O.Box 38413				
	TALLAHASSEE FL 32315				
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW</b>	V Registered Office address:				
NEW Registered Agent:	AMANCIO ALONSO				
NEW Registered Office Address:	2955 RAST 11TM AUR				
(MUST BE FLORIDA STREET ADDRESS)	MIALBAM ,FL 33013				
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company.	t address of the registered office and the business are of a Florida limited liability company, it is an affirmative vote of the members of the limited				
x	_				
(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 as comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.				
(Signature of Registered Agent)					

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