Division of Corporations L05000009969

Florida Department of State
Division of Corporations
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     Account Number  : 072450003255
     Phone           : (305)634-3694
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REGISTERED AGENT CHANGE

LEGACY CONVERSIONS AT WATERFORD LANDING, LLC

FILED 2006 DEC 14 PM 4:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ST. TEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua ' to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liabilit company submits the following statement in order to change its registered office or registered agent, ' both, in the State of Florida.

1. The ame of the limited liability company is: Legacy Conversions at Waterford Landing, LLC

2. The nailing address of the limited liability company is : 9350 South Dixie Highway, Suite 1500 Miami, lorida, 33156

10/12/ 5 — 3. Da of filing/registration in Florida

L05000100969 — 4. Document number

5. The iame of the registered agent and the registered office address as shown on the records of the Flo da Department of State:

Frank J. Segredo
Name

9350 South Dixie Highway, Suite 1500
Address

Miami, Florida 33156
City, State and Zip

6. Th name and address of the new registered agent and/or office:

CONSULTING SERVICES OF SOUTH FLORIDA
Name

2121 PONCE DE LEON BLVD., #1050
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33134
City, State and Zip

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TALLAHASSEE, FLORIDA

If the li ited liability company is not organized under the laws of the State of Florida, it is hereby confirr d that after the change or changes are made, the Florida street address of the registered office and the usiness office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the embers of the limited liability company or as otherwise provided in the articles of organization or the eration agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Brian Fernandez Sastre
(Printed typed name of signee)

I here y accept the appointment as registered agent and agree to act in this capacity. I further agree to compl with the provisions of all statutes relative to the proper and complete performance of my duties, and I a familiar with and accept the obligations of my position as registered agent as provided for in Chapt 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office addre , I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

INHS: (8/05)

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P.02

DEC-14-2006 10:00 EMPIRE

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