## L05000109732

(Řequ	iestor's Name	)
(Addr	ess)	
(Addr	955)	
(/tdu/		
(City/s	State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busi	ness Entity Na	ame)
•	. •	,
(Docu	ıment Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	
$\gamma$	/ /	\ <i>()</i>
//		
		<b>/</b> \
//-	\//	<b>'</b> \
	JV	
	Office Use C	)nly
(/		
\/		



400095510174

05/08/07--01032--001 \*\*875.00

TALLAHASSEE, FLORIDA

RECEIVED

7 MAY -8 PH 1: 22

WISIGN OF CORPORATION

WISIGN OF CORPORATION

## 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.

ugem, or boin, in the blute of rio	
1. The name of the limited liabili	ty company is: Solera Gardens, LLC
2. The mailing address of the lim	ited liability company is: 3400 Corel Way, 600, Mleml, FL 33145
	•
11/14/2005	L05000109732
3. Date of filing/registration in F	orida 4. Document number
5. The name of the registered ages Florida Department of State:	nt and the registered office address as shown on the records of the
Frank D	llaz PC 7
	Name
3400 C	oral Way, 600
Address	
Mlami, I	Address  L 33145  City, State and Zip
	City, State and Zip
6. The name and address of the ne	Name  Oral Way, 600  Address  FL 33145  City, State and Zip  w registered agent and/or office:  rvices, Inc.  Name
NRAI Services, Inc.	
2731 Ex	Name Poutive Park Drive, Suite 4
Florid	street address (P.O. Box NOT acceptable)
Weston	FL 33331
<del></del>	City, State and Zip
confirmed that after the change or and the business office of the regis liability company, it is hereby conf the members of the limited liability the operating agreement of the limited	1 Mitch
(Signature of a member or furtherized repress)  (Printed or typed name of signee)	I Smith
(Signature of Registered Agent)	n registered agent and agree to act in this capacity. I further agree to atules relative to the proper and complete performance of my duties, he obligations of my position as registered agent as provided for in next is being filed to merely reflect a change in the registered office imited liability company has been notified in writing of this change.
Leta Singleton. Asst. Secretary Division of Cori	porations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH818(10/99)