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Division of Corporations

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From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 : (561)686-3307 Fax Number : (561)290-1590

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

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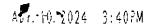
LLC REGISTERED AGENT CHANGE AUBURN DEVELOPMENT LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nai	me of the limited liability company:	LOPM	IENT LLC	
2. (a	a)			(b)	Mailing address of limited liability company:
•	, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		415 NW 12th Street		415 NW	12th Street
		DELRAY BEACH, FL 33444	_	DELRAY	/ BEACH, FL 33444
		11/21/2005		L0500011	2015
3.		Date of filing/registration in Florida	4.		Document number
5. ((a)				
,	(-)	Registered Agent and Registered Office shown on the records of HINNERS, BRIAN J	the Flo	rida Dept, of St	afe;
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 777 EAST ATLANTIC AVENUE, # 200					
		DELRAY BEACH , PL	3348	3	202
			'		2024 AFR
(b)				
		Enter name of NEW Registered Agent and/or NEW Registered	Office	e address:	
		Brian J. Hinners			#
		NEW Registered Office Address:			—
		415 NW 12th Street			
		DELRAY BEACH , FI	3344	4	
char ager was the	nge nt v /w ært	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lierce authorized by an affirmative vote of the members of the organization or the operating agreement of the limits.	e regis ability of the limit	tered office a company, it limited liabil	ind the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. rs, CEO
	_	The of a member or authorized representative of a member	•		Printed or typed name of signee
NO.	'nιε	by accept the appointment as registered agent and agious of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to perfo d for hereb	act in this ca ormance of ny in Chapter 60 y confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited llability company has been
1 -		an Hinners			
Sig	THE	Her Registered Agent			