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# Florida Department of State

## Division of Corporations

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## REGISTERED AGENT CHANGE & ADDRESS CHANGE

**SAFFOLD ESTATES, LLC**

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TALLAHASSEE, FLORIDA

May 19, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAFFOLD ESTATES, LLC
5900 BROKEN SOUND PARKWAY
ATTN: J. COLEMAN PREWITT
BOCA RATON, FL 33487

SUBJECT: SAFFOLD ESTATES, LLC
REF: L05000120577

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TALLAHASSEE, FLORIDA

**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.*

1. The name of the limited liability company is: Saffold Estates, LLC

2. The mailing address of the limited liability company is: 2419 East Commercial Suite 100 Ft lauderdale FL

Dec 19, 2005
3. Date of filing/registration in Florida

L05000120577
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Seidman Hewitt Dibello, LopezPA
Name

5900 Bnk Sound
Address

Boca Raton 33487
City, State and Zip

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

David Weisman, Esquire
Greenspoon Marder, P.A.
Name

100 W. Cypress Creek Road, Suite 700
Florida street address (P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33309
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business 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 members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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

Cherie Coppinhaver
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, 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**

*INHS18 (8/05)*