## 206000066139

(	Requestor's Name)	
(	Address)	
(	Address)	
(	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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SECRETARY OF STATIONITY
TALL AHASSEF, FLORE

## 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:	Legacy Communities at Crenshaw Park, LLC .
2. The mailing address of the limited liability con	npany is:
101 North Monroe Street, Suite 900, Tallahassee, F	lorida 32301
06/29/2006	L06000066139
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Charles L. Cooper, J	r
	Name
3520 Thomasville Roa	
	Address
Tallahassee, FL 32309	state and Zip
•	tate and Zip
6. The name and address of the new registered age	ent and/or office:
Charles L. Cooper, Jr.	address  State and Zip  ent and/or office:  ame et, Suite 900
	ame
101 North Monroe Stre	et, Suite 900
Florida street address (	(P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, Sta	ate and Zip
or the operating agreement of the limited liability	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
(Signature of a member or authorized representative of a member)	)
(Printed or typed name of signee)	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 648, A.S. Ox. if this accument is being fit address, I hereby confirm that the limited liability (Signature of Registered Agent)	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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