## 106000119440

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
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(Ad	idress)	
(Cit	ty/State/Zip/Phone #	#)
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PICK-UP	WAIT	MAIL
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(Du	siness Chity Name	<del>=)</del>
(Do	cument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	}
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: HDAV Homes LLC			
	imited Liabi	lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change	and fac(s) are submitte	d for filing
	•	• ,	d for fitting.
Please return all correspondence concerning	this matter to	the following:	
Ronald Elliott	,		
(Name of Person)		<del></del>	
LIDAY/HOMEO H O			
HDAV HOMES LLC (Firm/Company)	<del></del>	<del>-</del>	
141 ne 3rd Ave Suite 800		••	
(Address)			7. 2
MIAMI FL 33132			
(City/State and Zip Code)		<u> </u>	T SEP -4 LAHASSI
			RY T
For further information concerning this matter	er, please cal	<b>l:</b>	Y OF STA
			<u> </u>
Ronald Elliott	at ( <u>561</u>	452-0512	5m 01
(Name of Person)		(Area Code & Daytime	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tal	lahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
<b> ▼</b> \$25 Filing Fee	_	55 Filing Fee & Certifie	d Copy

INHS18 (8/05)

## 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: HDAV Homes LLC

MIAMI FL 33132				,
12/12/2006		L06000119440	L06000119440	
3. Date of filing/registration in Florida		4. Document number	f	
Florida Department of Stat	agent and the registe e: amot, ALbert J Jr.	ered office address as shown on the		water
<u> </u>		Name	in III	discount.
27	01 PGA Blvd		SSA L	-
	A	ddress	<u> </u>	4
We	est Palm Beach, Fl	33401	AM 10: OF STA	1
	City, S	tate and Zip	0: 55 0: 55 0: 55	-+ +-
6. The name and address of the	he new registered age	ent and/or office:	55	
Ro	nald Elliott			
14	No. 1 ne 3rd Ave Suite 8	ame 00		
F	lorida street address	(P.O. Box NOT acceptable)		
MI	AMI FL 33132	FL		
	City, Sta	ate 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)

## Ronald Elliott

(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 eccument is being filed to merely reflect a change in the registered office address, I have by confirm that the smitted 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