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OCT - 3 2008

**EXAMINER** 

OBOCT -3 PM 3: 25
TÄLLAHASSEE, FLORINA

REFERENCE: 743682 7628966 AUTHORIZATION : COST LIMIT : ORDER DATE: October 1, 2008 ORDER TIME : 10:25 AM ORDER NO. : 743682-010 CUSTOMER NO: 7628966 CHANGE OF AGENT NAME: HEATHROW RI ASSOCIATES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace -- EXT# 2928 EXAMINER:

ACCOUNT NO. : 072100000032

## \*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.

agoni, or roth, in the blate by I tortun.		
1. The name of the limited liability company is:	HEATHROW RI ASSOCIATES, LLC	
2. The mailing address of the limited liability co	mpany is :	
3700 NE 28th Avenue, Lighthouse Point,	FL 33064	
04/27/2007	L07000045029	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the	
C T Corporation System		
Name 1200 South Pine Island Road		
Plantati	Address on, FL 33324 State and Zip	
6. The name and address of the new registered agent and/or office:		
Corporation Service Company		
1201 Hays Street		
Florida street address	(P.O. Box NOT acceptable)	
<u>Tallahassee</u>	FL 32301	
City, State and Zip		
and the business office of the registered agent wi	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II 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 of company.	
Ronald E Franklin (Printed or typed name of signee)		
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.	
(Signature of Registered Agent)		

Doreen Wailace Assistant Vice President

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