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EXAMINER



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COVER LETTER

Division of Corporations			
SUBJECT: BHI VISTA LAGO FL, LLC Name of Limited Liability Company			
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
ROBERTO RICHARDS Name of Person			
ACCOLADE CONSTRUCTION COMPANY, LLC Firm/Company			
3900 PENBROKE RA SUITE 1			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	954) 237-2825 × 1007		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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. Name of the limited liability company: B41 VIST			
2. (a) Principal office address of limited liability company	y: 3900 PEMBROKE RD		
(Note: MUST BE STREET ADDRESS)	SUITEA HOLLYWOOD FL 33021		
(b) Mailing address of limited liability company:	3900 PEMBROKE RD		
(Note: MAY BE POST OFFICE BOX)	SUITE A HOLLYWOOD, FL 33021		
04/27/2007	207000045440		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	SKRLD, INC		
Registered Office Address:	SUITE 1102 CORAL GABLES, FL 33184 THE		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	BHI DEVELOPERS, LLC		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	SUITE A WELLY WOOD ,FL 93000		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization		
Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		
AS RUTIRESENTATION OF BHIL DEVOLO	POKS, LL (

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

Signature of Registered Agent