Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000094112 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000923 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT CHANGE LAKE POINT SOUTHFRONT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	S55.00

Help

STATEMENT OF CHANGE OF REGISTÈRED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered ogent, or both, in the State of Florida of

	lame of the limited liability company:		—
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	25818 S.W. KANNER HIGHWAY	25818 S.W. KANNER HIGHWAY	
	CANAL POINT, FL 33438	CANAL POINT, FL 33438	
	12/04/2007	L07000120524	
3.	Date of filing/registration in Florida	4. Document number	
5. (a	LAIRD, FRANCIS JUDSON IV		
()		
	Registered Office Address - <u>(MUST BE FLORIDA STREET)</u> 12012 South Shore Blvd #107	 	
	Wellington , FL	RI PROPERTY OF STATE	
(þ)	C T Corporation System	PH 3	
,,,	Einter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation FL	. 33324 L	
the chagent was/v the ar	Iimited liability company is not organized under the law range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licker authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	tws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registe iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided it limited liability company. Mark J. Elmore	ered
_	nature of a member of authorized representative of a member why accept the appropriately as revistered agent and agr	Printed or typed name of signee tree to act in this copacity. I further agree to comply with	the
provi. the of to me	sions of all statities relative to the proper and complete Stagnasis, at my passion as registered agent as provide	e performance of my duties, and Fam familiar with and ac- ed for in Chapter 603, F.S. Or, if this document is being fi hereby confirm that the limited hability company has bee	iegu Ied
By:	1 / W	Kaity Toon, Asst. Secretary	