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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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EXAMINER



ON SERVICE COMPANY		
ACCOUNT NO.	: 12000000195	
REFERENCE	: 142618 7868603	3
AUTHORIZATION (	Spullelenan	
COST LIMIT	: \$ 25.00	
ORDER DATE : March 23, 2012		
ORDER TIME : 9:48 AM		
ORDER NO. : 142618-015		
CUSTOMER NO: 7868603		
CHANGE OF AG	<u>SENT</u>	
NAME: LIGHTHOUSE POI LLC	NT AT VINTAGE,	2012 SEC TALL
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	2012 ÅPR 10 SECRETARY
CERTIFIED COPY  XX PLAIN STAMPED COPY		AN 5: 02 OF STATE E. FLORIDA
CONTACT PERSON: Stephanie Miln	es EXT# 2920	
	EXAMINER:	

## COVER LETTER

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(Name of Limited Lin	ability Company)		•			
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<b>□ \$</b> 5	5 Filing Fee & Ce	rtified Copy				
	(Name of Limited Linguistered Office Change oncerning this matter to December 103  PANY  TE 103  Te 103  Te 103  This matter, please call at 800 (Area Change oncerning this matter to December 103  Te 103	(Name of Limited Liability Company)  gistered Office Change and fee(s) are substituted in the following:  (PANY)  (PANY)  TE 103  (Area Code & Daytime Total	(Name of Limited Liability Company)  gistered Office Change and fee(s) are submitted for filing oncerning this matter to the following:  (PANY)  (PANY)  TE 103  This matter, please call:  at (800 ) 927-9800 EXT 2317  (Area Code & Daytime Telephone Number of Corporations P.O. Box 6327  Tallahassee, Florida 32314	(Name of Limited Liability Company)  gistered Office Change and fee(s) are submitted for filing.  oncerning this matter to the following:  (PANY  Divide)  this matter, please call:  at (800 927-9800 EXT 2317 (Area Code & Daytime Telephone Number)  ESS:  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	(Name of Limited Liability Company)  gistered Office Change and fee(s) are submitted for filing.  concerning this matter to the following:  PANY  TE 103  TAKE OF STATE OF STA	(Name of Limited Liability Company)  gistered Office Change and fee(s) are submitted for filing.  oncerning this matter to the following:  PANY  Delta PRIO SECRETARY OF STATE AHASSEE OF STATE

## 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: LIGHTHOUS	E POINT AT VINTAGE, LLC	<del></del>
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2800 STURGIS ROAD OXNARD, FL 93030	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2800 STURGIS ROAD OXNARD, FL 93030	
2/13/2012	L12000021214	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida Dept. of State:	2012 SEC
Registered Agent:	PARACORP INCORPORATED	
Registered Office Address:	236 EAST SIXTH AVENUE TALLAHASSEE, FL 32303	R I O
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW</u> Registered Agent:		OF STATE
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street  Tallahassee ,FL 32301	
If the limited liability company is not organized under the le that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member)  (Printed or typed name of signee)	address of the registered office and the buse of a Florida limited liability company, y an affirmative vote of the members of the organization or the operating agreement of	isiness it is e limited of the
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	ree to act in this capacity. I further agree per and complete performance of my dutie is registered agent as provided for in Cha hange in the registered office address, I he in writing of this change.	to s, and I pter 608, creby

(Signature of Regulared Agent) Corporation Service Company
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)