0000059 Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document#) -08/14/02--01039--013 (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ✓ Mail out ☐ Will wait Photocopy ☐ Certificate of Stat **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

Examiner's Initials

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.

<i>3</i> ,,	- 5 <i>y</i> - 10.1441				
1. The name of the limite	d liability company is: _	LIGHTSPEE	D AT BEACON 1	FRADEPORT LLC	
2. The mailing address of),
Hollywood, Florida 3					
3/16/01			M010000005	189	
3. Date of filing/registrati	on in Florida	4. Do	ocument numl		
5. The name of the register Florida Department of S	red agent and the register State:	ed office addres	s as shown or	1 the records of	the
	Theodore R. Stotz	er Fon			
		ame			± :
	300 Hollywood Way				
	Ad	dress		-	
	Hollywood, Florid	•			-
	City, Sta	te and Zip			
6. The name and address o	of the new registered agen	t and/or office:		_	밀
	•			R	SE
	Theodore R. Stotze	er, Esq.		7	
	Nar	ne		6	97
-	4651 Sheridan Stre			F	326
	Florida street address (P	O. Box NOT a	cceptable)	02 AUG 14	PH 12: 01
	Hollywood, F	L 33021		-	で、野
	City, State	e and Zip			01
If the limited liability componing the confirmed that after the chand the business office of the limited the members of the limited the operating agreement of Light Speed At Mark 1982. Signature of a member or authorize	ange or changes are made the registered agent will be by confirmed that the cha I liability company or as of the hinited liability comp	e, the Florida stree e identical. Or, ange(s) was/wer otherwise provid	eet address of	f the registered of	office
•					
Michael Swerdlow, Vic (Printed or typed name of signee)		<u></u>			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm t	tment as registered agent of all statutes relative to accept the obligations of its document is being filed that the limited liability co	t and agree to a the proper and my position as I to merely refle ompany has bee	ct in this capa complete perj registered ag ct a change i n notified in v	icity. I further of formance of my ent as provided in the registered writing of this ci	agree to duties, for in office hange.
	##	- -			
(Signature of Registered Agent),	Theodore R. Stotzer				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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INHS18(10/99)

FILING FEE: \$25.00