M05000003238

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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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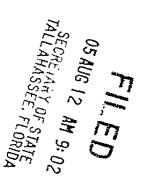
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CONTACT:	KATIE WC	NSCH	ラ·ジ	3 M
DATE:	_08/12/2005	-	À	TO HOLD TO
REF.#:	000150.4127	<u>72</u>		E. E. E. S. O.
CORP. NAME:	CROWN PO	DINTE 168, LLC		ORDER L
() ARTICLES OF INCO	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLU	TION
() ANNUAL REPORT	_	() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALIFI	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF	CANCELLATION			
(XX) OTHER: CHAI	NGE OF AGENT			
STATE FEES PI	REPAID W	тн снеск# 513171_ го	R \$ <u>55.00</u>	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE DEBITE	D:	
		COST LI	MIT: \$	
PLEASE RETUI	RN:			
(XX) CERTIFIED C	OPY	() CERTIFICATE OF GOOD STAN	DING () PLAIN	N STAMPED COPY
() CERTIFICATE O	F STATUS			

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.

1. The name of the limited liability company is:	CROWN POINTE 168, LLC
2. The mailing address of the limited liability co	ompany is: 1200 E. Ponce de Leon Boulevard
June 15, 2005	M05000003238
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State: Michael Greenberg	M05000003238 4. Document number tered office address as shown on the records of the OS Name Road, Suite 200 Address 33073
4400 West Sample	Name Road, Suite 200
	Address 33073 State and Zip
6. The name and address of the new registered ag	
Jose R. Boschetti	
1200 Ponce de Leo	Name on Boulevard, 1st Floor
Florida street address	s (P.O. Box NOT acceptable)
Coral Gables	FL 33134
City, S	tate and Zip
and sended that after the shange are changes are m	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.
JOSE R. BOSCHETTE	
(Printed or typed name of signes)	
N/X	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
(Signature of Registered Agels)	O Boy 6227 Tollahoesea EV 27314
DIVISION OF COLEGISTIONS, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)