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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
	and Niverback	
(De	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		77





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ACCOUNT NO. : 072100000032

REFERENCE: 483894

AUTHORIZATION :

COST LIMIT

ORDER DATE: July 14, 2005

ORDER TIME : 1:03 PM

ORDER NO. : 483894-005

CUSTOMER NO: 8894A

CUSTOMER: Olga Molina

Ritter Ritter & Zaretsky

Suite 100

555 N.e. 15th Street Miami, FL 33132

CHANGE OF AGENT

NAME:

AUDUBON VILLAS AT HUNTER'S

CREEK LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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: 2. The mailing address of the limited liability company is: 5. The name of the registered agent and the registered office address as shown on the rec Florida Department of State: 6. The name and address of the new registered agent and/or office: A. Jaime If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Printed of typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby company that the limited liability company has been notified in writing of this change.

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

FILING FEE: \$25.00

(Signature of Registered Ages