## m26975

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(Address)			
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## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations		=- =-				
SUBJ	SUBJECT: Springs Development Corporation						
•	(Name of corporation)						
DOC	UMENT NUMBER: M26975	<u> </u>					
The er	nclosed Statement of Change of	of Registered Office/Agent	and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
Shell	y L. Rubin (Name of perso	on)	, <del>a</del>				
c/o LNR Property Corporation							
	(Name of firm/com	pany)	<u> </u>				
1601 Washington Avenue, 8th Floor							
	(Address)						
Miam	i Beach, Florida 33139						
	(City/state and zip	code)					
For further information concerning this matter, please call:							
Zena	M. Dickstein	at ( <u>305</u> )	485-2098 daytime telephone number)				
	(Name of person)	(Area code &	daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.							
Amen Divisi P.O. E	ng Address: dment Section on of Corporations fox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	'4; =- 				

## + ILLU

## STATEMENT OF CHANGE OF REGISTERED $\overline{\mathbf{O}}FFICE$ OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

this statement (	of change is submitted for a corporat	\$17.0502, 607.1508, or 617.1508, Florid ion organized under the laws of the State	of
Florida  of Florida.  1. The name of	in order to change its register f the corporation: Springs Developme	ered office or registered agent, or both,	in the State
		venue, 8th Floor, Miami Beach, Florida 331:	39
3. The mailing	address (if different):	-	
4. Date of inco	rporation/qualification: 2/5/86	Document number: M26975	<u> </u>
	nd street address of the current registe artment of State: Shelly L. Rubin	ered agent and registered office on file wi	<b>-</b> 4
	760 NW 107th Avenue, Suite 300		OZ NOV
	Miami, Florida 33172		HASS
6. The name a changed):	and street address of the new register	ered agent (if changed) and /or registere	<u>~</u> -≺
	1601 Washington Avenue, 8th Floor	_	AIDA TE
	(P.O. Box or personal mailbox NOT acceptable)  Miami Beach, Florida 33139		
The street Add	ress of its registered office and the st ged will be identical.	reet address of the business office of its	registered
		opted by its board of directors or by an on notified in writing of the change.	fficer so
Signature dian office	er, the man or vice chairman of the board)	Shelly L. Rubin, Vice President (Printed or typed name and title)	
I hereby accept	the appointment as registered ager	nt and agree to act in this capacity. I statutes relative to the proper and coming the statutes relative to the proper and coming accept the obligation of my position of merely to reflect a change in the regis on has been notified in writing of this ch	plete as tered ange.
If signing on beha	Signature of Registered Agent) alf of an entity:	(Date)	<del></del>
	ITimed or Printed Name)	(Canacity)	<del></del>

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSÉE, FL 32314

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