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NOTABLE BEG OF MOISINION





ACCOUNT NO. : 072100000032

REFERENCE: 486813

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: March 10, 2004

ORDER TIME: 3:29 PM

ORDER NO. : 486813-015

CUSTOMER NO: 7184937

CUSTOMER: Ms. Rae Curtiss

Affordable Residential

Suite 900

600 Grant Street Denver, CO 80203

CHANGE OF AGENT

NAME: HOMETOWN ALAFIA, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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: ARC	ALAFIA, L.L.C		
2. The mailing address of the limited liability	y company is:			
150 N. Wacker Dr., Ste. #800, Chi	cago, IL 6060			
09/23/1998		м98000001079 💯 🖁 📆		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the registered agent and the re Florida Department of State:	egistered office	address as shown on the records of the		
Сто	orporation S	ystem TS 0		
Name SE 5				
1200 South Pine Island Road				
Address				
Plantation, FL 33324 City, State and Zip				
	ity, state and Z	ιb		
6. The name and address of the new registered	d agent and/or	office:		
Corporat	cion Service	Company		
	Name			
120	1 Hays Stree	t		
Florida street address (P.O. Box NOT acceptable)				
Tallahassee		32301		
Cit	ty, State and Zip)		
If the limited liability company is not organic confirmed that after the change or changes at and the business office of the registered agen liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability (Signature of a member or aghorized representative of a member of a member or aghorized representative of a member or aghorized representative of a member o	re made, the Flo at will be identic the change(s) was or as otherwise ty company.	rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote of		
,				
(Printed or typed name of signee)				
I hereby accept the appointment as register comply with the provisions of all statutes rel and I am familiar with and accept the obliga Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited lia	ed agent and ag ative to the prop tions of my pos ing filed to mer ability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
- Ship aug	00			
(Signature of Registered Agent) Sylvia Queppet,	Asst. Vice E	resident		

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

INHS18(10/99)

FILING FEE: \$25.00