## Florida Department of State

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## REGISTERED AGENT CHANGE

SMITH PROPERTY HOLDINGS AVENTURA C L.L.C.

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisic liability company submit agent, or both, in the Sta	to the following sto	a.410 or aud.)uo, etement in order t	rioriaa Siajule o change its regi	s, the undersignistered office or	registered
1. The name of the limit	ed liability compar	y is: Smith Propert	y Holdings Aventur	CLLC	
2. The mailing address of					O 80112 .
			MOODEA		· · · · · · · · · · · · · · · · · · ·
12/16/1999	.* * *** * *	<del>-</del>	M990000		<del></del>
3. Date of filing/registra	tion in Florida	•	4. Document nu	noer	
5. The name of the regist Florida Department of		registered office a	ddress as shown	on the records o	f the
	Corporation Service	Сопреду		<u>.</u>	
		Name	•		
	1201 Hays Street	- <del> </del>		<b>-</b> .	
		Address			<u> </u>
	Tallahassee, FL 32				AESE SE
	,	City, State and Zip	į		CRE
6. The name and address	of the new register	red agent and/or of	fice;		AR -8
	C T Corporation Sys	llem		•	[1]
		Name			F 32
a-	1200 South Pine Islan			and the second second	- E
	Florida street ad	ldress (P.O. Box N	OT scceptable)		SIATE FLORIDA
	Plantation	FL 33324			
	Ci	ity, State and Zip			
of the limited liability conformed that after the cand the business office of iability company, it is he he members of the limite he operating agreement of the limite he operating agreement of the limiter of a member or authority.	hange or changes a the registered ager reby confumed that id liability company of the limited liabil	ire made, the Flori- nt will be identical it the change(s) wa y or as otherwise p ity company.	da street address . Or, in the case s/were authorizes	of the registered of a Florida lim d by an affirmat	l office ited ive vote of
Christen Vinnols, Vice Presid (Printed or typed name of signee)	10		·		
I hereby accept the appointment with the provision and I am familiar with an hapter 508. F.S. Or, if it daress, I hereby confirm T Corporation System  Signature of Registers & Agent)	is of all statutes rel d accept the obliga- his document is be that the limited lid	ed agent and agree lative to the proper stions of my position ing filed to merely ibility company ha	e to act in this ca and complete pe n as registered of reflect a change s been notified in	pacity. I further erformance of m igent as provide in the registere writing of this	dgree to y duties, d for in d office change

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

INH51#(10/99)

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