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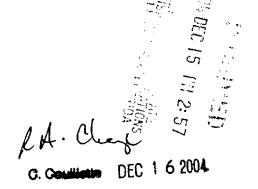
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SECRETARY OF SIGHE, TALL MILKSON, FROM 15 PM



CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301 850-222-1092 Silver Lakes-Gateway Clubhouse, Inc. () Profit () Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Other () Annual Report Change of RA ()LLC () Name Registration () Fictitious Name () UCC () Certified Copy () Photocopies () CUS () After 4:30 () Call When Ready () Call If Problem (x) Walk In () Will Wait (x) Pick Up () Mail Out Name 12/14/2004 Order#: 6244755 Availability Document AAM

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Examiner _____

W.P. Verifier

Updater _____

Verifier __

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of se	ections 607.0502, 617.0502, 607.1508, or 617.	.1508. Florida Statutes
	tted for a corporation organized under the law	
	change its registered office or registered age	•
of Florida.	The state of the s	na, or com, we me chare
1. The name of the corporation:	Silver Lakes-Gateway Clubhouse, Inc.	
2. The principal office address:	700 NW 107 Avenue, Suite 400, Miami, FL 33172	OZ SE TAL
		AE AE
3. The mailing address (if differen	nt):	ARY OF
	1040	32 O
4. Date of incorporation/qualifica	tion: 12/06/1995 Document numb	er: P9500009306
5. The name and street address of Florida Department of State:	f the current registered agent and registered offi	ce on file with the
	Benjamin P. Butterfield, Esq.	
	700 NW 107th Avenue, Suite 400	·
	Miami, FL 33172	
6. The name and street address changed):	of the new registered agent (if changed) and	/or registered office (if
	c/o C T Corporation System (P.O. Box or personal mailbox NOT acceptable)	
1200 S	South Pine Island Road, Plantation, Florida 33324	
The street address of its registere agent, as changed will be identicated.	d office and the street address of the business	office of its registered
	esolution duly adopted by its board of director propration has been notified in writing of the c	rs or by an officer so change.
Signature of an officer, chairman or vice chairma	an of the board) (Printed or typed name at	entin, 1P
l further agree to comply with the verformance of my duties, and I c registered agent. Or, if this docu office address, I hereby confirm t	as registered agent and agree to act in this ca e provisions of all statutes relative to the prop am familiar with and accept the obligation of iment is being filed merely to reflect a change that the corporation has been notified in writi	pacity. er and complete my position as
By: C T Corporation System	ia lia	101
(Signature of Registered Ag	ent) (Date)	104
If signing on behalf of an entity:	CONNIE BRYAN SPECIAL ASSISTANT SECRETARY	
(Typed or Printed Name)	(Capacity)	· · · · · · · · · · · · · · · · · · ·

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

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