

699107

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
TRANSCO REALTY TRUST

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

14 MAR -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -7 AM 8:46

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSCO REALTY TRUST

Name of Corporation
Trust

DOCUMENT NUMBER: 699107

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Maurice Wiener

Name of Contact Person

TRANSCO REALTY TRUST

Firm/Company

1870 South Bayshore Drive

Address

Miami, FL 33133

City/State and Zip Code

camarolli@lmgcourtland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maurice Wiener

at (305) 854-6803

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2ED45 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a Trust corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the Trust corporation: TRANSCO REALTY TRUST
- 2. The principal office address: 1870 South Bayshore Drive, Miami, FL 33133
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 08/26/1964 Document number: 699107
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROTHSTBIN, LARRY
1870 S. BAYSHORE DRIVE
MIAMI, FL 33133

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
c/o CT Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324
P.O. Box NOT acceptable

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 TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]

Signature of an officer or director

Maurice Wiener, CEO [Signature]

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: [Signature]

Signature of Registered Agent

3-4-14

Date

If signing on behalf of an entity:
Katey Judd

Typed or Printed Name

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

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

CR22045 (03/12)