

712641

DIVERSIFIED MANAGEMENT  
SERVICES OF SOUTH FLORIDA  
P.O. BOX 451418  
SUNRISE, FL 33345-1418  
C ADDRESS SERVICE REQUESTED

000002881730--2  
-05/20/99--01099--017  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

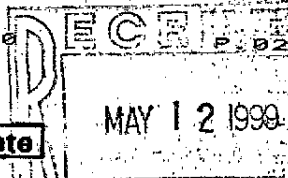
| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

*R.O.A. Change  
5-27-99  
PK*

**FILED**  
99 MAR 20 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|



Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: PARK SOUTH TWO, INC., (A CONDOMINIUM)

1b. The mailing address of the corporation is: c/o Diversified Management Services,  
8457 West Oakland Park Blvd., Sunrise, Florida 33351

1c. Date of incorporation: 04/21/67 Document number: 712641

2. The name and address of the current registered agent and office:

Diversified Management Services, Office South Florida

PO Box 451418 (8457 West Oakland Park Blvd.)

Sunrise, Fl. 33345 (Sunrise, Florida 33351)

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Kaye & Roger, P.A.

6261 NW 6th Way, Ste. 103

Ft. Lauderdale, Florida 33309

FILED  
99 MAR 20 PM 2:21  
SECRETARY OF STATE  
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.

J. Nowicki  
(Signature of an officer, chairman or  
vice chairman of the board)

05-13-99  
(Date)

J. Nowicki - PD  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Robert Kaye President  
(Signature of Registered Agent)

5-11-99  
(Date)

If signing on behalf of an entity:

President  
(Capacity)

Robert Kaye  
(Typed or Printed Name)