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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
73.	Office Use Or	nlv



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV P.A. 2014

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Mainlands of Tamanac by the Gulf, Line 2. The principal office address: 10/6/ 49th ST. North	<u> </u>	
Tinillas Park, F/ 33782		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 1/1970 Document number: 7/6998		
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)		
Kesegned		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	14	
Pinellas Park H 33782 E.	OCT 27 AM	FILED
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	ຕົນ	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change.	ယ	
Signature of an officer or director Leon Mase of PRESIDENT 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.		
Molla Kulizai Ost 00, 2014		
Molle Kuhren Date Date		
If signing on behalf of an entity:		
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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