733672

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800132306468

07/07/08--01026--002 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Paradise Gardens 711 (Name of Corporation)
DOCUMENT NUMBER: 733672
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:
Betty Lopes (Name of Contact Person)
Paradise Gardens III. (Firm/Company)
7700 Margate Blud. (Address)
Margate 7/ 33063 (City/State and Zip Code)
For further information concerning this matter, please call:
Betty Lopes at (954) 972-2342 6Hice (Area Code & Daytime Telephone Number) 954-972-8-54 No-mie
Enclosed is a \$35.00 check made payable to the Department of State.
Muiling Address Street Address

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organize	ed under the laws of the St	ate of FL	-
in order to change its registered office or registere 1. The name of the corporation: Para 156 2. The principal office address: 7700 Mara Margate 3. The mailing address (if different):	Fardensse	ction Four Ma	inte
4. Date of incorporation/qualification:	Document number:	733672	
5. The name and street address of the current registered ager Florida Department of State:	nt and registered office on	file with the	
6. The name and street address of the new registered agent (if changed): Flizabeth A B 7540 Margate (P.O. Box Not acceptable) Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notified.	Blud 33063 Idress of the business office	TARY OF STATE ASSEE, FLORIDA ce of its registered agent	TO t,
(Signature of an officer or director) I hereby accept the appointment as registered agent and a lighter agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the obligated document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Cleaner of Registered Agenty If signing on behalf of an entity:	(Printed or typed in agree to act in this capace es relative to the proper a ation of my position as registered office address, (Date)	ity. ind complete performanc gistered agent. Or, if th I hereby confirm that th	ze is ie
(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 CR2E045 (8/05)