## 738909

— GLAZER & ASSOCIATES, P.A.  CORPORATE PLACE 1920 EAST HALLANDALE BEACH BLVD. SUITE 806 HALLANDALE, FLORIDA 33009 —								
(City/State/Zip/Phone #)								
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	provisions of sections 607.0.			-, ,	his statem	nent of
change is submit	ted for a corporation organ	iized under the laws (	of the State of <u> </u>	locita		in order
to change its reg	istered office or registered	agent, or both, in the	State of Florida.			
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1. The name of the	211	SI LOUSE 1	<u> </u>		112121	
2. The principal of	office address:	s South	Ucan Va	ive		<del></del>
<u> </u>	tillandate, Beach	y FL 3	30 <i>09</i>			
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification:5	/0-77 D	ocument number:	73890	<u> </u>	
5. The name and Florida Depart	street address of the currentment of State:	it registered agent an	d registered office or	n file with the		
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	- 7113	S. Ocean	27000	· · · · · · · · · · · · · · · · · · ·	•	
	Hallandal	e, FL	33009		. <u>≱</u>	9
6 The name and	street address of the new re	egistered agent (if ch	anged) and /or regis	tered office	LA	)   -
(if changed):					ンニ	· i
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	<u>1920 E</u>	Box or personal mailbox N	IOT eccentable)	h blut	4.S	= C
	Hallendak	FL	33009	?	ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALLE	<u>ω</u>
The street addre	es of its registered office	and the street addres	s of the husiness of	fice of its registe	red scent	t se
	ess of its registered office a identical.					
Such change wa	es authorized by resolution corporation has been not	duly adopted by its ified in writing of the	s board of directors se change.	or by an officer s	o author	ized by
Eurin)	Wiminsh		BEENICE	= WIGNIEW	KKI	
	ignature of an officer or director)		•	ed or typed name and to		<del></del>
I hereby accept I further agree t	the appointment as registe to comply with the provision of familiar with and accept aly to reflect orchange in the writing of this change.	ered agent and agre ons of all statutes re	e to act in this capa lative to the proper	icity. and complete pe	rformanc	ce of my
being filed mere	familiar with and accept by to reflect o change in th	the obligation of my he registered office (	r position as registe address, I hereby co	rea agent. Or, ij Infirm that the co	rnis aoci	ument is n has
been nonytees in	<del>wrung ay</del> mis change.					
	/ (/6		/2-	-3- <i>0</i> 3		
	(Signature of Registered Agent)			(Date)		
If signing on be	half of an entity:		D	/ 1		
Cric	. Glaze-		1 re	sident		
	(Typed or Printed Name)			(Capacity)		

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