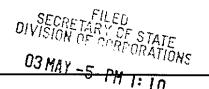
## 751425



| 4  |
|--|
| (Requestor's Name)                         |
|  |
| (Address)                                  |
| •  |
| - (Address)                                |
| · ·  |
| (City/State/Zip/Phone #)                   |
| PICK-UP WAIT MAIL                          |
|  |
|  |
| (Business Entity Name)                     |
|  |
| (Document Number)                          |
| Cartifical Carries Cartificates of Challes |
| Certified Copies Certificates of Status    |
|  |
| Special Instructions to Filing Officer:    |
|  |
|  |
|  |
|  |
|  |
|  |

Office Use Only



000017998160

NS/06/03--01019--006 \*\*35.08

RA Chg.

## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: PURE SULENC ASSOCIATION (Name of corporation)   |
| DOCUMENT NUMBER: 77/425  |
| 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:  |
| MURIEL ANDER SON) (Name of person)   |
| PIACE Au Soleil Asso. INC. (Name of firm/company)  |
| 960 IND/60 PT. (Address)   |
| Gulf Stream, 41. 33483 (City/state and zip code)   |
| For further information concerning this matter, please call:   |
| Muriel ANDERSON at (561) 276-0302 (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 409 E. Gaines Street Tallahassee, FL 32399 |

## 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  |
| Here in order to change its registered office or registered agent, or both, in the State  |
| of Florida.   |
| 1. The name of the corporation: PLAKE AV SOURIC ASSICIATION, IN   |
| 2. The principal office address: 915 EMENAN Raw   |
| 6 ULF STRAM 1-2 33483 "M  |
| 3. The mailing address (if different): P.o. Box 1784  |
| DELRAY BAKK FL. 33483   |
| 4. Date of incorporation/qualification: 3/6/1580 Document number: 757425  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| SUEEREY, TIMM R   |
| 413 N.E. 77610 ST   |
| DELRAY BEACH FL 38483   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| 960 INDIGO PT.  *(P.O. Box or personal mailbox NOT acceptable).   |
| Gulf Stream, 41. 33483  |
| 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.   |
| (Signature of an officer, chairman or vice chairman of the board)  (Signature of an officer, chairman or vice chairman of the board)  (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. |
| M. J. Anderson 5/1/03   |
| If signing on behalf of an entity:  |
| _(Typed or Printed Name) =(Capacity)  |
| * * * FILING FEE: \$35.00 * * *   |