75/425

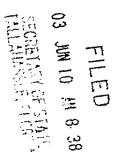
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200020516452

06/10/03--01030--002 **35.00



RA Chart /13/03

TRANSMITTAL LETTER

TO:	Ameno Divisio	dment Section on of Corpora	tions						
SUBJ	ECT:_	Place	Au	Sol (Na	eil me of cor	A.550 poration)	ciation	· 	
DOC	UMENT	f number:	751	425					
The e	nclosed	Statement of (Change o	f Registe	red Offic	e/Agent a	ind fee are	submitted	for filing
Please	e return :	all correspond	ence con	cerning th	his matte	r to the fo	llowing:		
	<u>P.</u>	Michael	Ma e of perso	ກາກເກ ^{ຫ)} (g				
	Place	Au (Name of	Sole firm/com	Jany) A	550.		-		3
	101	5.€.	ddress)	ve., (Suite	\mathcal{B}			
	Delr	ay Bed 1 (City/state	ach and zip c	F/.	3348	<u>'3</u>			
For fu	rther inf	formation con-	cerning th	is matter	r, please	call:			
<u> </u>	Mi	chae / A	(ann)	ng_:	at (_5_6 (Area	6/) ===================================	276 - aytime tele	1989 phone num	ber)
Enclos	sed is a s	\$35.00 check	made pay	able to th	ne Depart	ment of S	State.		
Amen Dívisio P.O. B	ox 6327	ection rporations		Street A Amendm Division 409 E. G Tallahass	ent Secti of Corpo aines Stre	rations eet			 -

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

		2, 617.0502, 607.1508, or 617.1508, Florida Sta ration organized under the laws of the State of	itutes,
Florida.	-	ration organized under the taws of the state of istered office or registered agent, or both, in the	State
of Florida.		,	,
•	he corporation: Place	an Soleil Association	****
2. The principal of	office address: 960	Indigo PT.	
**************************************	Bulf s	stream, Fl. 33483	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 3/6/	1980 Document number: 75/425	
5. The name and Florida Depart		stered agent and registered office on file with the	
_	MURIEL A	NDERSON	
_	960 INDIGO	PT	స్ట
_	Bulf Strea	m # 33483	复型
6. The name and changed):		stered agent (if changed) and /or registered offi	ice Par III
	101 S.E. 649	Avenue Suite B	- 128
	Delray Beac	ch, Fl. 33483	,
agent, as change	d will be identical.	street address of the business office of its regist	
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer seen notified in writing of the change.	
(Signature of an officer,	chamman or vice chairman of the board)	MUK (FL ANDER SON, PR	
4HMM	RR/MANUAT	gent and agree to act in this capacity. All statutes relative to the proper and complete the and accept the obligation of my position as Alled merely to reflect a change in the registered ation has been notified in writing of this change.	
(Sig If signing on behalf	mature of Registered Agent) of an entity:	(Date)	
(Ту	rped or Printed Name)	(Capacity)	

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

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