Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

: (850)878-5368

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

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REGISTERED AGENT CHANGE INTERNACIONAL REALTY MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

MAY 1 9 2010

EXAMINER

COVER LETTER

TO: Registration	on Section f Corporations							
	•	145 mm41						
SUBJECT:	INTERNACION							
	Name of Limited Partners	mb or rm	ited Lizb	ility Lim	ited Partnership			
DOCUMENT NUMBER:			304000000509					
The enclosed State fee(s) are submitte	ment of Change of Reg d for filing.	gistered (Office a	nd/or R	egistered Agent and			
Please return all co	rrespondence concerni	ng this n	natter to	:				
	TONY RUSSO							
	Contact Person			-				
	Internacional Realty, Inc.							
	Pirm/Company			_				
40	5 N St. Mary's St., Suite 850	0 .						
	Address	****		_				
	San Antonio TX, 78205							
	City, State and Zip Code			_				
	trusso@internscionalrealty	/.com						
E-mail address: (to be used for future annual	report not	fication)		_			
For further informa	tion concerning this me	itter, ple	ase call:	:				
To	ony Russo	at (210)	281-1469			
Name of Con	act Person	Ar	ea Code a	ind Dayt	ime Telephone Number			
Enclosed is a \$35.0	0 check made payable (to the Flo	orida Do	parune	ent of State.			
STREET ADDRE					DDRESS:			
Registration Section					Section			
Division of Corpora	utions				orporations			
Clifton Building				Box 632				
2661 Executive Cer			Tallah	assec, Ì	FL 32314			
CALLADAGAAA TI 77	7111							

INHS04 (01/06)

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1 INT	ERNACIONAL RI	LALTY MANAC	EME	NT, LTD.	
Name of Lin	nited Partnership or	Limited Liabilit	y Lim	ited Partne	tapip
2. 11/23/20	04	3.		B040	00000509
Date of filing/registrat		F	lorida docu	ocument number	
4. The name of the registered a Department of State:	gout and the registe	red office addres	is a s 1	hown on th	e records of the Flori
	NRAI SE	RVICES, INC.			
		Namo			•
	2731 EXECUTIV	5 PARK DRIVE	, ST6	4	_
/ 	A	ddress			-
		N, FL 33331			
	City, S	tate and Zip			
5. The name and Florida street	address of the new	regi stered ब्हुट्या ।	and/or	office:	
	C T Corp	oration System			_
	· ·	Name			
•	1200 South	Pine Island Road	1		
F	orida street address	(P.O. Box not a	ccepta	ble)	
	Plantation,)	PL_	33324	_
·	City, S	tate and Zip			
5. Such change(s) is are offecti-	ve when filed by the	Plorida Departe	nent o	f State.	
					•
ignature of General Partner					
hereby accept the appointment omply with the provisions of al and I am feetiliar with an accep	l statutes relative to	the proper and	compl	ete perform	. I further agree to cance of my duties,
Muriana	·				
Signature of Registered Agent					
		EA.V			
Filing Fee: Certified Copy (optional)	\$35.00 : \$52.50	Assistan	1 50	CIGIOIÀ	

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