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SECRETARY OF STATE
TALLAHASSEE, FINDER



## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Milestone Asset Management, Inc.  Name of Corporation				
DOCUMENT NUMBER: F9400000220				
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:				
Karen Renza				
Name of Contact Person				
Milestone Properties Inc. Firm/Company				
200 Congress Park Drive #205				
Address				
Delray Beach, FL 33445 City/State and Zip Code				
City/State and Zip Code				
krenza@mpiequities.com  E-mail address: (to be used for future annual report notification)				
E-man address: (to be used for future annual report not meation)				
For further information concerning this matter, please call:				
Karen Renza at (561 ) 394-9533 x212  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building Comments				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of $\underline{Dela}$ ler to change its registered office or registered agent, or both, in the State of Florida	ware
1. The name of	the corporation: Milestone Asset Management, Inc.	
2. The principal	office address: 200 Congress Park Drive #205	
	Delray Beach Fl 33445	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: 8/20/1993 Document number:	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	CSC	78 09
	1201 Hays Street	AUG ECRI
	Tallahassee, FL 32301	31 31 HASS
6. The name and (if changed):		FILED  09 AUG 31 PM 1:51  SECRETARY OF STAT  SECRETARY OF STAT
	Steven M. Auerbacher, Esq.	DM A
	200 Congress Park Drive #104 P.O. Box NOT acceptable	
	Delray Beach, FL 33445	
The street address changed will	ress of its registered office and the street address of the business office of its reg	istered agent,
Such change was authorized by the	vas <u>authorized</u> by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
_	Joseph Otto, Vice Presic  Printed or typed name and title	
1 Huy	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age ling filed merely to reflect a change in the registered office address, I hereby considered in writing of this change.	
If signing on be	ehalf of an entity:	
T	Typed or Printed Name	

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