## NO500003025

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SECRETARY OF STATE

R.A. Change

APR 1 5 2008



ACCOUNT NO.	: 072100000032			
REFERENCE	: 524001 7441835			
AUTHORIZATION	Lack De			
COST LIMIT	Spelle Ran			
ORDER DATE : April 10, 2008				
ORDER TIME : 9:11 AM				
ORDER NO. : 524001-280				
CUSTOMER NO: 7441835				
CHANGE OF AGENT				
NAME: PARC CENTRAL ASSOCIATION,				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Doreen Wallace	e EXT# 2928			
•	EXAMINER:			

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

statement of ch	e provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ ler to change its registered office or registe	ized under the laws of the State of $\overline{F}$	LORIDA
1. The name of	the corporation: PARC CENTRAL A	VENTURA MASTER ASSOCIA	ATION, INC.
	l office address: 191 Street, Aventura, FL 3318	0	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 03/11/2005	Document number: N05000	0003025
	d street address of the current registered apartment of State:	gent and registered office on file with	the .
	Oren Lieber, Esq.		
	555 N.E. 15th Street, Suite 100	)	TS C
	Miami, FL 33132		
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered offic	08 APR 15 PP SECRETARY OF SECRETARY OF SECRE
	Corporation Service Company	,	PH 1: 09
	1201 Hays Street		REFERENCE OF
			>
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street all be identical.	address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of directors or by an of the change.	officer so
May (Signate	ure of an officer or director)	Maureen Cullen, Attorney	
I hereby accept I further agree of my duties, an document is bet corporation has	t the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change. tion Service Company	d agree to act in this capacity. ites relative to the proper and comp gation of my position as registered e registered office address, I hereby	plete performance agent. Or, if this confirm that the
By: Signifure of Register Adagent)  April 4, 2008			
(a) If signing on bo	chalf of an entity:	(Date)	
<del>_ `                                   </del>	Opet, Asst. VP Typed or Printed Name)		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)