N06000002512

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

Office Use Only



900132007139

07/03/08--01010--025 **35.00

08 JUL -3 PM II IV

000/00 N

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

1. The name of t	the corporation: Do Ry V	ILLAS	ON LAKE	MINA	_
2. The principal	office address:		CONDON	ninium ASSA	7 /
161	office address:	IDA E	SUITE A	LUTZ: OL	_
3. The mailing a	ddress (if different):			33	ب حج
4. Date of incorp	poration/qualification:	Doc	ument number: N	600000251	_ _
	d street address of the current registment of State:	stered agent and r	egistered office on file	with the	
	JAMES HA	RT JR			
•	SENTRY MAN 2180 W. SA	JAGEN	ENT	- -	
	LONGWOND	FL 3:	2779		ì
6. The name and	d street address of the new register	ed agent (if chan	ged) and /or registered o	office	-
(if changed):	STEVEN	- '			1
		EZER.	ATTY		j
	STEPHEN M	HLAND			
	(P.O. Box NOT a	acceptable)			
,	TAMPA IL	336	02		
The street addre	ess of its registered office and the	e street address o	of the business office o	f its registered agent,	
_	as authorized by resolution duly he board, or the corporation has	adopted by its b	oard of directors or by	an officer so	
authorized by the	he board; or the corporation has				
/Signati	ure of an officer or director)		(Printed or typed name a	nd title)	
		gent and agree t	, ,,,	•	
I further agree of my duties, an	to comply with the provisions of nd I am familiar with and accept	all statutes relati the obligation o	ive to the proper and c I my position as registe	omplete performance red agent. Or, if this	
document is bei corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this	ge in the registe. change.	ed office address, I he	reby confirm that the	
	1 1		. 1 1 0		
(Si	gnature of Registered Agent)	EN H. ME	(Date)		
If signing on be	chalf of an antity:	en in Me	CC OL		
	V ,				
(*	Typed or Printed Name)	_			

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

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