P02000104545

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ldress) | |
| (Address) | | |
| . (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | ısiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



200155929652

05/19/09--01016--020 **105.00

ZOOS MAY 19 PM 1: 5,
SECRETARY OF STATE

R.A.

TB Spelo

COVER LETTER

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E045 (8/05)

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Park Lane, Inc. |
| 2. The principal office address: 1390 South Dixie Hwy, Suite 2123/2124 |
| Coral Gables, +L 33146 |
| 3. The mailing address (if different): Same as about |
| Da - 00 - 04 - 14 - 14 - 14 - 14 - 14 - 14 |
| 4. Date of incorporation/qualification: 9/25/2002 Document number: PO 200010 4545 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| William C. Sussman |
| 1570 Madriga Ave, Site 311 |
| Coral Gabus, Fl 33144 |
| SSE 1 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Michael J. Maxwell |
| 1390 SOUTH DIXIR HWY, Swite 2123/2129 P.O. Box NOT acceptable |
| Coral Gables, FC 33144 |
| , |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Muly, Mystle Michael Masuell, Trustee Printed or typed name and title |
| // |
| I hereby decept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the comparation has been notified in writing of this change. |
| Mely 1. Mayrell 5/14/09 |
| If signing on behalf of an entity: |
| is digiting on bolium of an entity. |
| 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 * * *