

P92000008265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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12/18/02--01044--025 **35.00

RECEIVED
02 DEC 18 PM 12:46
02 DEC 18 PM 3:34
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN JAN 15 2003

CT CORPORATION

December 18, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5726732 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

EXECUTIVE PALACE HOTEL, INC. (FL)
Change of Agent
Florida

Please FILE SECOND.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 18, 2002

CT CORPORATION
660 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

SUBJECT: PALACE RESORTS, INC.
Ref. Number: P92000008265

We have received your document for PALACE RESORTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete the address of the current registered agent on the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 902A00066666

Please check - date

TVB

JM

RECEIVED
03 JAN 14 PM 4:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : EXECUTIVE PALACE HOTEL, INC.
2. The mailing address of the corporation : Care of corporate counsel Judson L. Cohen, Esq., 150 West Flagler Street, Museum Tower, Suite 2600, Miami, Florida 33130
3. Date of incorporation/qualification: 12/01/1992 Document number: P92000008265
4. The name and address of the current registered agent and office:

Aurelio A. Pedra

780 NW Le Jeune Road, # 516

Miami, FL 33126

5. The name and address of the new registered agent (if changed) and/or registered office (if changed) (P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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.

Jorge del Rey
(Signature of an officer, chairman or vice chairman of the board)

Nov. 19, 2002
(Date)

Jorge del Rey, Pres.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept 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.

C T Corporation System
By: [Signature]

(Signature of Registered Agent)

12/26/02
(Date)

If signing on behalf of an entity:

PETER F. SOUZA
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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