## P97000054579

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300136082673

09/26/08--01023--025 \*\*35.00



PA Chang 10/7/08

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: 643-655 Waslington Ave., Property, Inc. (Name of Corporation)
DOCUMENT NUMBER: P97 ODOU SYS 79
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:
(Name of Contact Person)
643-LSS Washington Au., Proporty, Inc.
3191 Cova) Way \$1008 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:    Level + L

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of
in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: 643-655 Washington Aven Proporty Inc
2. The principal o	ffice address: 3191 Corel Way Shite # 1008
3. The mailing ad	dress (if different):
4. Date of incorpo	pration/qualification: Usu 1987 Document number: P9700005457
5. The name and s	street address of the current registered agent and registered office on file with the
Florida Departn	Henriette Joseph
_	640 h & 176 Street
_	I meanin Beach F1 3712 38
6. The name and s (if changed):  -	Henri, Ha Sostichin  3181 (over Way # 1008)  P.O. Box NOT acceptable)
— The street address	mi ami, F   33145
_	s of its registered office and the street address of the business office of its registered agent, e identical.
Such change was authorized by the (Signature	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  Softhin President  of an officer or director)  (Printed or typed name and title)
Thereby accept the further agree to off my duties, and document is being corporation has be	ne appointment as registered agent and agree to act in this capacity.  comply with the provisions of all statutes relative to the proper and complete performance  I am familiar with and accept the obligation of my position as registered agent. Or, if this  giled merely to reflect a change in the registered office address, I hereby confirm that the  ieen notified in writing of this change.
Heritie (Signa	tta Joseph Park (Date)
f signing on beha Lenciet	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 (05)

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