F98000002857 Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

850-222-1092	Corporation(s) Nar	100003268931 -05/26/0001089024 ******35.00 ******35.1
		Change
Peebles	Atlantic Development Co	Oppolation
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()Foreign ()LLC	()Dissolution	()Mark
()Limited Partnership ()Reinstatement	()Annual Report ()Reservation ()Fictitious Nam	Mch. RA
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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 6 the undersigned corporation organized under the laws of the State of Washi	17.1508, Florida Statutes,
submits the following statement in order to change its registered office or re the State of Florida.	gistered agent, or both, in
1. The name of the corporation is: Peebles Atlantic Development Cor	
2. The mailing address of the corporation is: 100 SE 2nd Street, Suite	4650
Miami, FL 33131	<u> </u>
3. Date of incorporation/qualification: _05-20-1998 Document nur	nber: F98000002857
4. The name and address of the current registered agent and office:	
Alexander I. Tachmes	7.5.00
100 SE 2nd Street, Suite 4650	
<u> Міамі FT.</u> 33131	26 SSS
5. The name and address of the new registered agent and office: (P. O. Box No	t Acceptable)
CT Corporation System	کریة سیسی
_ 1200 South Pine Island Road	—
- Plantation, FL 33324	<u></u>
The street address of its registered office and the street address of the business agent, as changed, will be identical.	s office of its registered
Such change was authorized by resolution duly adopted by its board of director authorized by the board.	ors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	5-23-2000
(Orguntation an officer, chairman or vice chairman of the board)	(Date)
Michelle Kohler, Vice President (Printed or typed name and title)	ging and the second of the
Having been hamed as registered agent and to accept service of process for the corporation, I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative to the properformance of my duties, and I am familiar with and accept the obligation of registered agent.	he above stated o act in this capacity. per and complete my position as
5/25/	100
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: PETER F. SOUZA ASSISTANT SECRETARY	
(Typed or Printed Name) (Capacit	ty)

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