F0500000 6767

(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
í (City	//State/Zip/Phone i	#)		
. PICK-UP	MAIT	MAIL		
(Bus	siness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates of	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400110155484

10/12/07--01003--014 **35.00

FILED

07 OCT 12 AM II: 08

SECRETARY OF STATE
MAY ASSEE, FLORE

COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJI	ECT: N252CH, INC. (Name of Corpo	oration)			
DOCU	MENT NUMBER: F05000006767				
The en	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to t	he following:			
	Bonnie Hudson (Name of Contact	Person)			
Crescent Heights of America, Inc. (Firm/Company)					
	2200 Biscayne Blvd. (Address))			
	Miami, FL 33137				
(City/State and Zip Code)					
For fur	ther information concerning this matter, please call:				
Bonnie	e Hudson a (Name of Contact Person)	t (305) 374-5700 x 7257 (Area Code & Daytime Telephone Number)			
Enclos	sed is a \$35.00 check made payable to the Departmen	at 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

4 . . . y

statement of cha	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Deregistered agent, or both, in the State of Flor	elaware	<u></u>	-
	the corporation: N252CH, INC.	registered agent, or both, in the state of 1 tor	m.		
	office address: 2200 Biscayne Blv	rd.	,		
3. The mailing	address (if different):				<u> </u>
4. Date of incor	poration/qualification: 11/06/06	Document number: F05000006	3767		
	d street address of the current regist extremnt of State:	tered agent and registered office on file with t	the Exp	9	
	Sharon Christenbury, Esq.		CRE	000	Π
	2930 Biscayne Blvd.		TAR!	<u></u>	=
	Miami, FL 33137		EE.F	AH	Ш
6. The name and (if changed):		ed agent (if changed) and /or registered office	STATE	AM II: 08	U
	Sharon Christenbury, Esq	,			
	2200 Biscayne Blvd.				
	(P.O. Box NOT ac	eceptable)			
The street addr as changed wil	ess of its registered office and the let identical.	street address of the business office of its r	egistered	i agen	ıt,
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	idopted by its board of directors or by an of een notified in writing of the change.	ficer so		_
		Sharon Christenbury, Vice Pres	sident		,
Signal	are of an officer or director)	(Printed or typed name and title)		
I hereby accept I further agree of my duties, and document is be corporation ha	t the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang s been northed in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and compl the obligation of my position as registered a se in the registered office address, I hereby of hange.	ete perfo igent. O confirm	orman r, if th that th	ce his he
		9/04/07			
XIS	ignature of Registered Agent)	(Date)			-
If signing on be	chalf of an entity:				
	Typed or Printed Name)	-			

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