

585743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

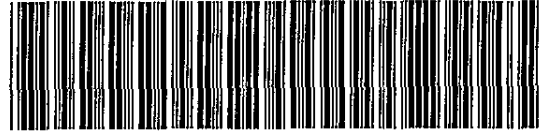
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100020035891

06/25/03--01018--002 **35.00

FILED
03 JUN 25 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA chg
XRB 7/2

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 31.991 ACRES, INC.
(Name of corporation)

DOCUMENT NUMBER: J85743

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:

MICHELE M. MUELEER
(Name of person)

MIDCOAST CREDIT CORP.
(Name of firm/company)

1926 TENTH AVENUE NORTH, SUITE 400
(Address)

LAKE WORTH, FL 33461
(City/state and zip code)

For further information concerning this matter, please call:

MICHELE M. MUELLER at (561) 540-6224 X126
(Name of person) (Area code & daytime telephone number)

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
409 E. Gaines Street
Tallahassee, FL 32399

**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: 31.991 ACRES, INC.
2. The principal office address: 1926 TENTH AVENUE NORTH, SUITE 400
LAKE WORTH, FL 33461
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/29/1987 Document number: J85743
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HAGEN, MAX M.

3531 GRIFFIN ROAD

FORT LAUDERDALE, FL 33312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

OLGA E. PARRA

1926 TENTH AVENUE NORTH, SUITE 400

(P.O. Box or personal mailbox NOT acceptable)

LAKE WORTH, FL 33461

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.


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

MICHAEL BERNSTEIN, PRESIDENT
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

06/06/03

(Date)

OLGA E. PARRA

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P O BOX 6327, TALLAHASSEE, FL 32314

FILED
03 JUN 25 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA