3 7 6 0 0 0 Requestor's Name

		_
AVATA ZOS COR	AR Requestor's Name AR Requestor's Name Address Address City/State/Zip Phone #	Office Use Only (if known): 1000028052917 -03715/9901019001 ***1435.80 ******35.00
(Cor	poration Name)	
3,(Cor	poration Name) (Docum	nent #)
4(Cor	poration Name) (Docum	nent #) <u>=-</u> <u></u>
☐ Walk in	Pick up time	Certified Copy
Mail out	☐ Will wait ☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
Profit	Amendment	<u> </u>
NonProfit	Resignation of R.A., Officer/ Director	-
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
Annual Report Fictitious Name Name Reservation	REGISTRATION QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	20 ch9 ORG,2
ODOFO01/1/05\		Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.90 * * *

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

	ovisions of sections ration organized und				da Sto	nutes, the
	ng statement in orde	· ·			or be	oth, in the
State of Florida.		,	·			
1. The name of the	corporation is:	Golden Gate	Realty, Inc	· =	•	·. ·
						
2. The mailing add	ress of the corporation	on is: 201 A1	hambra Circ	le, Coral	. Ga	bles
Flor	ida, <u>33134</u>		- · <u>-</u>			_ ·
3. Date of incorpor	ation/qualification:	6/8/67	Document na	umber: 3]	760	0
4. The name and ac	dress of the current	registered agent and	office:	= .		
			•	_ ·		
	<u>Juanita</u>	I. Kerrigan		<u> </u>	·	
	255 Alha	mbra Circle		<u> </u>		
			22124			
5 The name and or		bles, Florid				1 1
3. The name and ac	idress of the new reg	distered agent and of	lice: (P. O. Box No	ot Acceptable)	
	Juanita	I. Kerrigan		.		· - ·
	201 Alha	mbra Circle		·-		
	Coral Ga	bles, Florid	a 33134			
The street address agent, as changed,	of its registered off will be identical.			ness office of	î its re	egistered
	authorized by resolution			· -		
authorized by the	board.	2	-, 110 0 0 0 1 0 1		411 OLI	1001 30
	ales LI	War	<	March	8,	1999
(Signature of a	n officer, chairman or vice	c chairman of the board)) -	_ (Date)		
Chai	cles L. McNai	ry, Presider	ıt -	March	8,	1999
	(Printed or typed narr	ne and title)		(Date)		
I further agree to	ed as registered age eby accept the appo comply with the pro v duties, and I am fo	nnimeni as registei visions of all statu	ed agent and agri tes relative to the	or the above ee to act in the proper and c	statea is cap	pacity.
Inanita	e. Kerriga		_	= March	8,	1999
(Sign	sature of Registered Agent	i)	(Date)		
If signing on behalf o	f an entity:			===.		- *
						•
(Тур	ed or Printed Name)			(Capacity)		