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(Requestor's Name) (Address) (Address)	200244077342
(City/State/Zip/Phone #)	03/01/1301007006 **35.00
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TO: Amendment Section Division of Corporations

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SUBJECT: AIDI	ne Realty Development Corp.
	Name of Corporation
DOCUMENT NUMB	ER:675524
The enclosed Statemen	t of Change of Registered Office/Agent and fee are submitted for filing.
Please return all corres	pondence concerning this matter to the following:

Devile Devile Device by Com

Harold Greemberg Name of Contact Person
Harold-Greenberg, Esq.
17595 Bocaire_Place Address
Boca Raton, FL 33487 City/State and Zip Code

hg6133@aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Harold Greenberg
 at (561) 994-3417

 Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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: Alpine Realty Development Corp.
- 2. The principal office address: <u>c/o Harold Greenberg</u>, Esg., 17595 Bocaire Place,

Boca Raton, FL 33487

same 3. The mailing address (if different):

- 4. Date of incorporation/qualification: _____ Document number: 675524
- 5. The name and street address of the current registered agent and registered office on file with the with Florida Department of State: (If resigned, enter resigned)

Harry B. Smith

701 Brickell Avenue, Suite 1900

Miami, FL 33131

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

> Harold Greenberg, Esg. 17595 Bocaire Place P.O. Box NOT acceptable Boca Raton, FL 33487

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.

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Harold Greenberg, Secretary/Treasurer/ Printed or typed name and title Director

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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.

Munature of Registered Agent

If signing on behalf of an entity:

2/18/13

Harold Greenberg Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)