

695584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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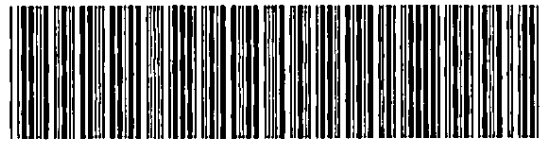
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA ATLANTIC REALTY SYSTEMS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 695584

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:

Damaso W. Saavedra

Name of Contact Person

Saavedra-Goodwin

Firm/Company

888 S.E 3rd Avenue, Suite 500

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

dpazo@saavlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Pazo at (954) 767-6333  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

