707580

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
į.		

Office Use Only



100208207661

06/02/11--01029--003 **35.00

TIJUN-2 PH 3: 02
SECRETARY OF SIAI

lA Change Theurs 6-7-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Biscayne Lake Gadens Wildin, "B" In. Name of Corporation
DOCUMENT NUMBER: 707580
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:
Name of Contact Person
Stevens ? Goldwyn, P.A.
2 South University Prive Suik 315
Plantation FC 33324 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 458-9393 Area Code & Daytime Telephone Number
The ode of building the state of the state o

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

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BISCarine Lake Gardens Building "B", Inc. 2. The principal office address: 2880 NE 2031 ST, Miami, FZ 31/80
3. The mailing address (if different): 2865 NE 201 Terr, Aventura FL 33180
4. Date of incorporation/qualification: 7/14/1964 Document number: 707580
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Laureat Office 2880 NE 203 ST B36 Aventura FL 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): 5 tevens & 65 days f. A. 2 South University frive Sv. 63.5 P.O. Box NOT acceptable Plantation FL 33324
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. Lauvent Duvlev 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 Date
If signing on behalf of an entity: Typed or Printed Name 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 (8/05)

113