716001

(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



600272137886

05/01/15--01003--017 **35.00

15 MAY -1 PM 12: 37

1.1/1/15

COVER LETTER

TO:

Amendment Section Division of Corporations

CASA PARADISO NORTH, INC.

Name of Corporation

716001

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:

ANTHONY S. ADELSON, ESQ.

Name of Contact Person

ANTHONY S. ADELSON, P.A.

Firm/Company

501 GOLDEN ISLES DR. SUITE 203

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

PLEADINGS@ADELSONLAWFIRM.COM

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

For further information concerning this matter, please call:

ANTHONY S ADELSON, ESQ. at (954

Name of Contact Person

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of FL er to change its registered office or registered agent, or both, in the State of Flo	ORIDA	-
1. The name of	the corporation: CASA PARADISO NORTH, INC.		
2. The principa	DALE BEACH, FL 33009		
3. The mailing	address (if different): P.O. BOX 92, HALLANDALE BEACH, FL	33008	
4. Date of incor	poration/qualification: 02/06/1969 Document number: 716001		
5. The name an	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	ı the	
	PHOENIX MANAGEMENT SERVICES, INC.		
	4800 N. STATE RD 7, SUITE 105		
	LAUDERDALE LAKES, FL 33319	:	S S
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered offic	ce AY	
	ANTHONY S. ADELSON, ESQ.		- COR.
	501 GOLDEN ISLES DRIVE, SUITE 203	PH 12: 3	100 to 10
	P.O. Box NOT acceptable	သ	,
	HALLANDALE BEACH, FL 33009	_	***
The street addr as changed wil	ess of its registered office and the street address of the business office of its i	registered age	nt,
Such change wauthorized by t	as authorized by resolution-duly adopted by its board of directors or by an of the board of the exporation has been notified in writing of the change.	ficer so	
Signat	ALEX BERKOVICH, PRE Printed or typed name and title	SIDENT	-
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and comply my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office that the corporation has been potified in writing of this change.	lete is registered address, I	
	gnature of Registered Agent Days	5	_
	ehalf of an entity:		
	S ADELSON ESO		

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

Typed or Printed Name