125763

(Re	equestor's Name)				
(Ad	dress)				
hA)	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to	Filing Officer:				
•					

Office Use Only



900164967719

01/11/10--01010--001 **35.00

RARozh

TO JAN II PM 2:41
SCORE TARY OF STATE
MALLAHASSEE, FLORIDA

Roberts LAN 1 2 2010

COVER LETTER

Division of Co	rporations		
SUBJECT:	Imperial House Co	ndominium, Inc.	
	Name of C	Corporation	
DOCUMENT NUMB	ER:	725763	
The enclosed Statemen	t of Change of Registered Offic	ce/Agent and fee are subm	nitted for filing.
Please return all corres	pondence concerning this matte	er to the following:	
	Ronald Name of Co	S. Lowy	
		Cook, P.A.	
	Firm/C	ompany	
	501 N F First A	venue, Suite 200	
		dress	
	Miami Beac	ch, FL 33132 nd Zip Code	
	City/State a	nd Zip Code	····
	rlowyesq@b	ellsouth.net	
E-r	mail address: (to be used for	future annual report not	ification)
For further information	concerning this matter, please	call:	
Roi	nald S. Lowy	at (305)	371-5585
Name o	f Contact Person	Area Code & Day	371-5585 time Telephone Number
Enclosed is a \$35.00 ch	neck made payable to the Depar	rtment of State.	
·	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Addres Amendment S Division of C Clifton Build	Section Corporations
	Tallahassee FL 32314		ve Center Circle

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a c	orporation organized	507.1508, or 617.1508, Flor A under the laws of the State I agent, or both, in the State	of Florida
	the corporation: Impe office address: 5255 (ndominium, Inc. Miami Beach, Florida 3	3139
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: _	03/12/1973	Document number:	725763
	d street address of the curtment of State: (If resig		t and registered office on fil	e with the
•	Ronald S. Lowy			
	1041 Ives Dairy R	load, Suite 238		
	Miami, FL 33179			
6. The name an (if changed):	d street address of the ne	ew registered agent (i	f changed) and /or registere	d office TALLLAHASS
	Ronald S. Lowy			
	501 N.E. First Ave	The state of the s		
	Miami,/FL 33132	P.O. Box NOT acc	серіаоне	2: 4 STAI
The street addr	ess of its registered offi	ice and the street add	dress of the business office	高電・ N
Such change wathorized by	as authorized by resoluthe by ard, or the corpor	tion duly adopted by ation has been notifi	y its board of directors or be led in writing of the change	y an officer so
Signan	ure of an officer or director		Alex De Gasper Printed or typed name	
I further agree of my duties, ai document is be	to comply with the pro-	visions of all statute nd accept the obliga act a change in the r	agree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I	a complete pertormance
1/2,24	gnature of Registered Agent		December 3	3, 2009
	ehalf of an entity:)	3- 	
-	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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