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فالجزاء	•	17	201/	
	CHERY 10226 NV SUNRI	L J. LEVIN, P.A. V. 47TH STREET SE, FL 33351 E/Zip Phone #	Office Use Only	
	CORPORATION	NAME(S) & DOCUMENT NUMB	ER(S), (if known):	-
	1			
	(Cor	poration Name) (Docu	ment #)	
	2(Cor	poration Name) (Docum	ment #)	
	3	poration Name) (Docum	nent #)	1
	4	poration Name) (Docum	\simeq	- 7
	4. (Cor	poration Name) (Docum	nent#)	3
	☐ Walk in [Pick up time	ORDA Certified Copy	
	Mail out	☐ Will wait ☐ Photocopy	Certificate of Status	
	NEW FILINGS	AMENDMENTS	= Cortinoate of Status	
.66%bis	Profit		7000000000	
	NonProfit	Amendment Resignation of R.A., Officer/Director	70002599767 	-026 *35.00
	Limited Liability	Change of Registered Agent		raa.uu
	Domestication	Dissolution/Withdrawal	-	-
	Other	Merger		
Dra Alliées		- the response and the second of the second		
	OTHER FILINGS	REGISTRATION/	4	_
	Annual Report	Foreign	7_28_98	
	Fictitious Name	Limited Partnership		
]	Name Reservation	Reinstatement		
		Trademark		
		Other		
			<u> </u>	

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of section 607.050 signed corporation organized under the laws the following statement in order to change its both, in the State of Florida.	of the State of Florida , submits o			
1) No	al Parint Condomissa. 25 5			
1. The name of the corporation is:	ec 1000 CONDONCAROLIN M			
lissociation Inc:	三 三 三			
1a. Date of incorporation	Document number 8			
2. The name and address of the current reg	gistered agent and office:			
Patricia Boll 40 (amphell Property			
Management 1215 Ea	St Hillsboro Blud Doerfield Be.			
3. The name and address of the new register				
(P.O. Box Not Acceptable)	<u>↑</u>			
Chery & Levin u				
103360000 47+156	cet Junior F1 33551			
The street address of its registered agent and of its registered agent as changed, will be ide Such change was authorized by resolution dan officer so authorized by the board.	uly adopted by its board of directors or by			
SIGNA"	(name and little):			
	(Identic and Time)			
DATE	7/15/98			
HAVING BEEN NAMED AS REGISTERED AC PROCESS FOR THE ABOVE STATED CORF IN THIS CERTIFICATE, I HEREBY ACCEPT AGENT AND AGREE TO ACT IN THIS CAPA WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AN THE OBLIGATION OF MY POSITION AS RE SIGNA	THE APPOINTMENT AS REGISTERED CITY, 1 FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COM- ND I AM FAMILIAR WITH AND ACCEPT GISTERED AGENT TUBE			
* . *	(Registered Agent) Chayl Levy			
'DATE	7/23/98			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
CR2E045 (7-90) /	FILING FEE: \$35.00			
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