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| (Req | uestor's Name) | |
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| (City | /State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| Certified Copies | Cer <u>ti</u> ficates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: KRUDALL TRACE CONDO ASSN, INC. (Name of corporation) |
| DOCUMENT NUMBER: 75487/ |
| 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: |
| ELIZAGE HA POROZ GARCIA (Name of contact person) |
| (Name of contact person) (ARi ODLAN) Property 19 mt |
| (Firm/Company) |
| 12301 SW 132 CT (Address) |
| MIAMI FC 33186 (City/state and zip code) |
| |
| For further information concerning this matter, please call: |
| ELIMBETH POREZ GARCIA at 786, 251-9391 (Name of contact person) (Area code & daytime telephone number) |
| (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 409 E, Gaines Street Tallahassee, FL 32319 |

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 of in order to change its registered office or registered agent, or both, in the State of Florida. ASSOCIATION, TO |
|--|
| 1. The name of the corporation: Kevall Truce Corpo HSSN, INC |
| 2. The principal office address: 12301 Sw 130 CT 41841 FC 33186 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10/28/1986 Document number: 754871 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| 6/eNN COLUID |
| 13388 500 12857 |
| <u>HIAMI FL 33186</u> |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): |
| TO SE > AUE STE 730 |
| (P.O. Box NOT acceptable) 4 1AM 1 FC 33/3/ |
| 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. |
| R.H. Eisenberg - President (Printed or types name and time) |
| 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) (Date) |
| If signing on behalf of an entity: |
| (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 * * *