767114

(Re	equestor's Name)				
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(Cil	ty/State/Zip/Phone	#)			
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TB 1-19-11

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: INTERNATION

SUBJECT: INTERNATIONAL PARK HOMEOWNERS' ASSOCIATION Name of Corporation						
Name of Corporation						
DOCUMENT NUM	BER:	R:				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all corr	espondence concerning this matte	er to the following:				
_	HELIO DE LA TORRE, ESQ. Name of Contact Person					
SIEGFRIED, RIVERA, LERNER Firm/Company						
201 ALHAMBRA CIRCLE - SUITE 1102 Address						
CORAL GABLES, FL 33134 City/State and Zip Code						
E	-mail address: (to be used for	future annual report notification)				
For further informati	on concerning this matter, please	call:				
	O DE LA TORRE of Contact Person	at (305) 442-3334 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	check made payable to the Depar	tment 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

INC.

statement of chan	ge is submitted for a co	orporation organize	607.1508, or 617.1508, I d under the laws of the S d agent, or both, in the S	tate of FLORIDA
	•		PARK HOMEOW E #105, MIAMI, FL (NERS' ASSOCIATION, 33175
3. The mailing ad	dress (if different):			
4. Date of incorpo	oration/qualification:	02-17-1983	Document number:	767114
	street address of the cur ment of State: (If resign		nt and registered office or	n file with the
	EISINGER BROW	N LEWIS FRAN	IKEL CHAIET & KR	UT
	4000 HOLLYWOO	D BOULEVARI) - SUITE 265-S	
-	HOLLYWOOD, FL	33021		Zal
(ii changed):	street address of the nev	w registered agent (if changed) and /or regist	SSEE 8 M
-	201 ALHAMBRA C	NDCLE - SLIITE	: 1102	D H 2: 00
-	201 ALHAMBIA C	P.O. Box NOT ac		
	CORAL GABLES,	FL 33134		
The street addres	s of its registered offic be identical.	e and the street ad	dress of the business of	ice of its registered agent,
			y its board of directors of led in writing of the cha	
Outu	of an officer or director		Arthur E	. Brice.
I hereby accept t. I further agree to of my duties, and document is bein corporation has		istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.		city, and complete performance egistered agent. Or, if this I hereby confirm that the
If signing on beh	alf of an entity:			
	IO DE LA TORRE ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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