## A11000000354

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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2011 JUN 13 KN KA 15
SECRETARY OF STATE
AND SEEF FIRSTON

T. CLINE
JUN 14 2011
EXAMINER

LAW OFFICES

## HAAS & ASSOCIATES, P.C.

SUITE 200

6718 WHITTIER AVENUE McLEAN, VIRGINIA 22101

(703) 827-4050

FACSIMILE (703) 734-3046 PO BOX 250 6832 NORTHUMBERLAND HWY. HEATHSVILLE, VIRGINIA 22473 (804) 580-2212 FAX (804) 580-2297

600 JEFFERSON PLAZA, STE 308 ROCKVILLE, MD 20852 (301) 762-0402

June 8, 2011

**Division of Corporations** 2661 Executive Center Circle Clifton Building Tallahassee, Florida 32314

> Re: Goose Pond Grove, Ltd.

Dear Sir or Madam:

¥ROBERT W. HAAS°

OF COUNSEL

JACK V. COHEN®

PAUL C. MILLER® RICHARD M. SISSMAN\*\*

"ALSO ADMITTED IN D.C.

\*ALSO ADMITTED IN MARYLAND

Enclosed please find a Statement of Change of Registered Office. Additionally, enclosed please find a check in the amount of \$35.00 made payable to the Florida Department of State.

Please let me know if you have any questions. Thank you for your assistance with this matter.

Sincerely,

Enclosures

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

	Coope Band Crove Ltd	
SUBJECT:	Goose Pond Grove, Ltd.  Name of Corporation	
DOCUMENT NUMBER:	A11000000354	
The enclosed Statement of Char	nge of Registered Office/Agent and fee are submitted for filing	ıg.
Please return all correspondence	e concerning this matter to the following:	
	Robert Haas	
	Name of Contact Person	
	Haas & Associates, PC	
	Firm/Company	
•	6718 Whittier Avenue, Suite 200 Address	
	Additos	
	McLean, Virginia 22101	
	City/State and Zip Code	<del></del> 1
		2011 JUN 13 SECRETARY
F-mail add	lress: (to be used for future annual report notification)	28 E
D-man add	ness. (to be used for future annual report notification)	A A A A A A A A A A A A A A A A A A A
		7794
For further information concern	ning this matter, please call:	FFS TO THE
Robert H	laas <sub>at (</sub> 703 <sub>)</sub> 827-4	059
Name of Contac	Area Code & Daytime Telepho	ne Number
Enclosed is a \$35.00 check made	le 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

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

statement of change is submitted for a corporation organized under the laws of the State of Florida  in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Goose Pond Grove, Ltd.	
2. The principal office address:	
141 Barton Avenue, Palm Beach, Florida 33480	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 05/09/2011 Document number: A1100000354	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
William Walde	
141 Barton Avenue	
Palm Beach, Florida 33480	
Palm Beach, Florida 33480  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
William Walde	*
141 Barton Avenue	1
P.O. Box NOT acceptable	
Palm Beach, Florida 33480	
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.	
William Walde, Manager Printed or typed name and title	
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	
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 CR2E045 (8/05)

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