F0200004633

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
-		
(Bu	siness Entity Nam	ne)
·	•	•
(Do	cument Number)	
(= -	.,	
Certified Copies	Certificates	of Status
ocialica popico		
<u> </u>		
Special Instructions to	Filing Officer:	
		[
		Ì
		ſ
		ţ
		

Office Use Only



600041345856

09/27/04--01021--001 **210.00

OU SEP 27 PM 3: 12

15 10/4/04 NA/NO 277 BROADWAY • SUITE 510 • NEW YORK, NY 10007-2001 212-267-8600 • 800-225-2736 • FAX 888-267-8680

RE:

C-K Charter Pointe L.P.

C-K Charter Pointe Realty Corp.

C-K Lake Park Realty Corp.

C-K Lake Park L.P.

Coolidge-CLK Mission Springs L.P.

Coolidge-CLK Mission Springs Realty Corp.

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Good Afternoon,

Please file the attached Change of Agent Certificates and kindly return stamped copies in the enclosed self-addressed stamped envelope.

Our check in the amount of \$210 payable Secretary of State is enclosed as an advance.

If you have any questions, comments or problems with this request, do not hesitate to call.

I thank you for your assistance in this matter.

Esdra Valentin

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, t	his statement of
=	itted for a corporation organized under the laws of the State of Delaware	in order
to change its reg	gistered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Coolidge - CLK Mission Springs Realty Corp.	
2. The principal	office address: c/o CLK Management Corp., 9 Park Place, Great Neck, NY 110	21
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 9-10-02 Document number: F02000004633	
	d street address of the current registered agent and registered office on file with the rtment of State:	4
	CorpDirect Agents, Inc.	
	103 N. Meridian St., Lower Level	_
•	Tallahassee, FL 32311	-
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	NRAI Services, Inc.	<u>.</u> .
	526 E. Park Avenue	
	(P.O. Box or personal mailbox NOT acceptable)	-
	Tallahassee, FL 32301	
The street addrechanged will be	ess of its registered office and the street address of the business office of its registe e identical.	red agent, as
Such change we the board, or the cooleage -Cut	as authorized by resolution duly adopted by its board of directors or by an officer of corporation has been notified in writing of the change.	
Ca	Agnature of an officer or director) Craig Konnas beig Printed or type I name and to	Vice-Presidod
I juriner agree duties, and I an being filed mer	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete pen familiar with and accept the obligation of my position as registered agent. Or, is ely to reflect a change in the registered office address, I hereby confirm that the continuous change.	rformance of my This document is orporation has
by:	Llte 2 - 9-22-04	<i>L</i>
	(Signature of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
Angela	Fletcher Asst. Sea	
	(Typed or Printed Name) (Capacity)	

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