

F 37750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

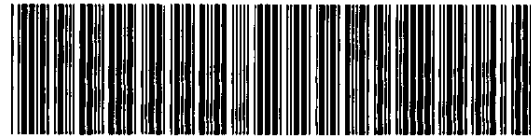
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2010

OLGA E. PARRA, ESQ.
C/O GALAXY AVIATION
2255 GLADES ROAD, SUITE 321A
BOCA RATON, FL 33431

SUBJECT: FLORIDA SOUTHEASTERN PROPERTIES CORPORATION
Ref. Number: F37750

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PLEASE HAVE MICHAEL FAREN, CFO TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 710A00025613

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Southeastern Properties Corporation
Name of Corporation

DOCUMENT NUMBER: F37750

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:

Olga E. Parra, Esq
Name of Contact Person

c/o Galaxy Corporate Offices
Firm/Company

2255 Glades Road, Suite 321A
Address

Boca Raton, Florida 33431
City/State and Zip Code

oparra@galaxyaviation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga E. Parra at (561) 417-9538
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Southeastern Properties Corporation
2. The principal office address: 2255 Glades Road, Suite 321A
Boca Raton, Florida 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/24/1981 Document number: F37750
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)

Richard Breslow

2255 Glades Road, Suite 321A

Boca Raton, Florida 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Olga E. Parra, Esq.

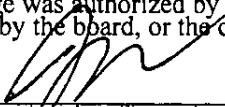
2255 Glades Road, Suite 321A

P.O. Box NOT acceptable

Boca Raton, Florida 33431

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.



Signature of an officer or director

Michael Faren, Chief Financial Officer

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

11/3/10

Date

If signing on behalf of an entity:

OLGA PARRA

Typed or Printed Name

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

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