## F9300002045

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Linky (Value)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Amendment Section Division of Corporations

·TO:

## TRANSMITTAL LETTER

SUBJECT: HRA Broadwater From (Name of corporation)
DOCUMENT NUMBER: F9300000 2045
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:
Robert Dorfman (Name of person)
Herbour Realty Advisors (Name of firm/company)
1177 Kane Concourse (Address)
Bay Harbor, FC 33154 (City/state and zip code)
For further information concerning this matter, please call:
Claudeen Shevock at (305)398-7711 (Name of person) (Area code & daythne telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 29, 2003

ROBERT DORFMAN % HARBOUR REALTY ADVISORS 1177 KANE CONCOURSE BAY HARBOR, FL 33154

SUBJECT: HRA BROADWATER, INC.

Ref. Number: F93000002045



We have received your document for HRA BROADWATER, INC. 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 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) 245-6908.

Letter Number: 403A00025975

Anna Chesnut Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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## 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.
1. The name of the corporation: HRA Broadwater, Inc.
2. The principal office address: 1177 Kane Concourse 20 FIC
Boy Harbor, FL 33154
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number: F9300002045
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Dorfman
Robert Dorfman Harbour Restly Advisors 1177 Kane Concourse
Bay Harbor, F- 33154
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
128) Have Street
1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301
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, chapman or vice charman of the board)  (Frinted 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.
Cyrthian A Carris 5/12/08 Egy & (Date)
If signing on behalf of an entity: Cynthia L. Harris as its agent
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314