H99316

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	ə #)
		MAIL
(Bu	isiness Entity Nan	ne)
	cument Number)	
(00	·	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



05/17/10--01019--017 **35.00



COVER LETTER				
TO: Amendment Section Division of Corporations				
SUBJECT: EURO PLAN TNC. Name of Corporation				
DOCUMENT NUMBER: H99316				
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:				
BLAMBRECHTS Name of Contact Person				
FIORIDA HOMES				
1635 S-MIAMIRd #3 Address				
T. LUDERDALE, FR 33316 City/State and Zip Code				
$BETTINA \bigcirc FLHM \cdot NET$ E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
B. Lambrechts at (954) 7-64-6469 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 32314Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ı.

L

.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

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 $\underline{+ loRide}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>EUROPLAN</u> TINE.
2. The principal office address: 1635 S. Miami Rd #3
Fr.Landerdale, Fe 33316
3. The mailing address (if different): Po Box 460007
TILLUDERDALEI IR 33346
4. Date of incorporation/qualification: 21/3/86 Document number: 499 310

- 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)

Real Florida Reality Ise.	10 10
808 E-Los dos Blud. # 102	HAY
Fr-Landerdale, JE 33301	T P EFE
and street address of the new registered agent (if changed) and /or registered office	H 2

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

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.

or director

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

If signing on behalf of an entity:

<u>AMBR</u> 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)