## 585742

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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CALLAHASSEE. FLORIDA

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## TRANSMITTAL LETTER

SUBJECT: (Name of corpora	fion)
DOCUMENT NUMBER: J85742	
The enclosed Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
MICHELE M. MUELEER (Name of person)	gita de la companya del companya de la companya del companya de la
MIDCOAST CREDIT CORP. (Name of firm/company)	<u>*</u>
1926 TENTH AVENUE NORTH, SUITE 400 (Address)	<u>.                                    </u>
LAKE WORTH, FL 33461  (City/state and zip code)  For further information concerning this matter, please call:	<u>.                                    </u>
<del>-</del>	540-6224 X126 le & daytime telephone number)

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

**TO:** Amendment Section Division of Corporations

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

## 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 Statute.	s,
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	!e
of Florida.	
1. The name of the corporation: 28.009 ACRES, INC.	_
2. The principal office address: 1926 TENTH AVENUE NORTH, SUITE 400	
LAKE WORTH, FL 33461	F
3. The mailing address (if different):	Ö
	=
4. Date of incorporation/qualification: 07/29/1987 Document number: J85742	
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State:	
HAGEN, MAX M.	
3531 GRIFFIN ROAD	
FORT LAUDERDALE, FL 33312	
6. The name and street address of the new registered agent (if changed) and /or registered office (i changed):	f
OLGA E. PARRA	
1926 TENTH AVENUE NORTH, SUITE 400	
(P.O. Box on nervonal mailbox VOT acceptable)  LAKE WORTH, FL 33461	
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, chairman or vice chairman of the board!  MICHAEL BERNSTEIN PRESIDENT (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.	
OF CA E Signature of Registered Agent) (Date)	
OLGA E. PARRA If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	•

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