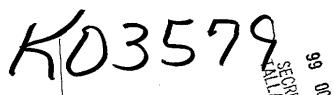
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CR2E031 (1-89)..



•	CALLED AND IS: WI
C T CORPORATION SYSTEM	The B
660 East Jefferson Street	- CORDER EL
Requestor's Name	
<u>Tallahassee</u> Florida 32301	
Address (850) 222-1092	5000030098458
City State Zip Phone	-10708/9901056018
CORPORATION(S) NAME	<u></u>
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TIMEM PI	
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/ I NOTE OUL	
() Limited Liability Company () D	issolution/Withdrawal () Mark
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Verifier	C. COULLIETTE OCT 0 8 M99
Acknowledgment	· · · · · · · · · · · · · · · · · · ·
W.F. Verifier	
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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, 617.050 <mark>2</mark>	, 607.1508, or 617.150	08. Florida Statutes
	gned corporation organized t			
	following statement in order			
the State of	Florida.	G	ogytos di vogistion	==
1. The name	e of the corporation is: / P	laza At Coral	l Springs, Inc.	, =
2. The maili	ing address of the corporation	n is: //8// K	OLTH FREERRY	\$ TE 300
		H005700	TR 7 7060	<u>=:</u>
3. Date of i	ncorporation/qualification: _	11/27/87	Document number:	Ē 03579
	and address of the current re			
	DAVID A FRYER			
	101 E. KRIMEN,			SEC SEC
er rem	TAMAA ECA	35602		
5. The name	and address of the new regis	stered agent and offi	ce: (P. O. Box Not Acc	eptables -
(C T Corporation Sys	stem	-	
1	12 <u>00 South Pine Is</u>	land Road		EST BE D
	Plantation, Florida			
The street ac	ddress of its registered office anged, will be identical.			ce of its registered
Such change	was authorized by resolution the board.	on duly adopted by i	its board of directors of	r by an officer so
M	Sime.			5 99
(Signat	ture of an officer, chairman or vice ch	airman of the board)		\$ <u>#</u> 7.7 ate)
سر	1155011-113		: 3 ⁻	=-
	(Printed or typed name and	title)	resident	. =
Having been corporation, I further agr performance registered ag	n named as registered agent I hereby accept the appoint see to comply with the provis sof my duties, and I am fami gent	and to accept servion ment as registered ions of all statutes iliar with and accep	ce of process for the ab agent and agree to act relative to the proper o t the obligation of my	pove stated in this capacity. and complete position as
	Museum		October 7,	1000
	(Signature of Registered Agent)		(Date)	<u> </u>
f signing on be	ehalf of an entity:	-		= +
Ε.	A. Wallace		Assistant Se	cretary
	(Typed or Printed Name)		(Capacity)	<u></u>
	*** 17	ILING FEE: \$35.0)n * * *	
ነው ሳር ነው ለ <i>ደረግ ነ</i> ነው።	.	TOTAL TEN, 455%	<i>y</i> u -	- -
TR2E045(7/97)	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32	- <u>-</u> 2314