## 63000032700

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## **COVER LETTER**

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:  (Name of contact person)  (Firm/Company)  4050 SW72 AVENCE  (Address)	TO: Amendment Section Division of Corporations
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:  (Name of contact person)  (Firm/Company)  4850 SW72 Werve  (Address)	SUBJECT: PENTA DEVELOPERS INC. (Name of corporation)
Please return all correspondence concerning this matter to the following:  Maria E Cavarles  (Name of contact person)  Gama Construction  (Firm/Company)  4850 SW72 Avence  (Address)  (Address)	DOCUMENT NUMBER: <u>6300032700</u>
Maria E Carvardes (Name of contact person)  Garma Construction (Firm/Company)  4860 SW72 Averve (Address)	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
(Name of contact person)  Gama Construction  (Firm/Company)  4850 SW72 Averve  (Address)  Twans, F1 33155	Please return all correspondence concerning this matter to the following:
4850 SW72 Luerue (Address) Manu, F1 33155	(Name of contact person)
man, F1 33155	Gama Construction (Firm/Company)
	4850 SW72 Luerue (Address)
(City/state and zip code)	(City/state and zip code)
For further information concerning this matter, please call:	For further information concerning this matter, please call:
(Name of contact person) at (805) 661-1569  (Area code & daytime telephone number)	(Name of contact person) at (805) 401-1569  (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 409 E. Gaines Street Tallahassee, FL 32399

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
•	1. The name of the limited liability company is: PEUTA HOMES LLC.
	2. The mailing address of the limited liability company is: 2015. Biscaupe.
	Blud, 34th Floor, Miami, Fl 33131
	8-29-2003
	3. Date of filing/registration in Florida 4. Document number
	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
	Ferrell Group Corporate Services LIC
	2015. Biscoure Blud, 34th Floor
	Address
	City, State and Zip
	6. The name and address of the new registered agent and/or office:
	The acrost Economies Files
	4050 Shame 23 F
	Florida street address (P.O. Box NOT acceptable)
	MO-MA FL 33155
	City, State and Zip
	If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
	P. Cewaust -
	(Signature of a member or authorized representative of a member)
	(Printed or typed name of signee)
_	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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
	(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**