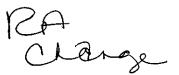
m00996

(Requestor's Name)				
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ROPH 13

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Penntax Properties, Inc. Name of Corporation						
DOCUMENT NUMBER:	M009	006				
DOCUMENT NUMBER:	191003	,50				
The enclosed Statement of Char	ige of Registered Office/Age	nt and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	-	•				
	6.1 *1 P** p**					
	Neil Faggen, Esquire Name of Contact Person					
	Coregroup, Ir Firm/Compan	1C				
	Firm/Compan	y				
	1101 Favette Street, S	econd Floor				
	1101 Favette Street, S Address					
Conshohocken, PA 19428 City/State and Zip Code						
	Olly foliate and Dip Code					
	neil faggen@gmai	il com				
neil.faggen@gmail.com E-mail address: (to be used for future annual report notification)						
For further information concerni	ng this matter, please call:					
Noil Ford		610) 005 0000				
Name of Contact	Person at (Area Code & Daytime Telephone Number				
		, , , , , , , , , , , , , , , , , , ,				
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Amend	Address: ment Section	Street Address: Amendment Section				
	n of Corporations	Division of Corporations				
	ox 6327	Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.05 nge is submitted for a corpo r to change its registered off	ration organized	under the laws of t	he State of Florida
1. The name of t	he corporation:Penntax	Properties,	Inc.	
2. The principal	office address: c/o 16400	N.W. 2nd Ave	nue.	
Suite 200,	Miami, FL 33169			
3. The mailing a	ddress (if different): c/o 16	400 N.W. 2nd	Avenue,	
Suite 200), Miami, FL 33169			
4. Date of incorp	ooration/qualification:0	5/24/1984	Document numbe	r:M00996
	street address of the current tment of State: (If resigned,		and registered offic	e on file with the
	CY Properties, Inc.			
	404 Washington Ave			
	Miami Beach, FL 3313	39		
6. The name and (if changed):	street address of the new re-	gistered agent (if	changed) and /or re	gistered office
	Jeffrey Chodorow			
	16400 N.W. 2nd Avenu	ue, Suite 200 P.O. Box NOT accep	table	
	Miami, FL 33169			SA OP IT
The street address changed will	ss of its registered office ar be identical.	nd the street addre	ess of the business	office of its registered agent,
Λ	s authorized by resolution of board, or the corporation			
Signatur	of an officer or director		Jeffrey C	hodorow Pres.
I hereby accept I further agree of my duties, ard document is beli corporation has	he appointment as register o comply with the provision d I am familiar with and ac ng filed merely to reflect a c been notified in writing of	red agent and agr ns of all statutes r cept the obligation change in the reg this change.	ee to act in this co	
	k		2-7-(2	
Sign	ature of Registered Agent			Date
If signing on beh	nalf of an entity:			
Ту	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

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