## M05000000187

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(Address)	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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SECRETARY OF STATE DIVISION OF CORPORATION

08 JAN 25: AM 11: 57

J. BRYAN

JAN 28 2008

**EXAMINER** 

## PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

## TRANSMITTAL LETTER

January 18, 2008

RE: Hyde Park Walk Condominium Development, LLC

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Maggie Ferdinand – <u>maggie@paranetlegal.com</u>

Paranet Job No. 08-01-0021

Please file/submit the following on behalf of the above:

- 1. Change of Agent Application for each of the above
- 2. Check No. 90268 Amount \$25.00

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

## 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:	HYDE PARK WALK CONDOMINIUM DEVELOPMENT, LLC
2. The mailing address of the limited liability co	ompany is :
4401 NORTHSIDE PKWY., SUITE 800, ATLANTA,	GA 30327
11/4/2005	MD5000000187
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the records of the
CT Corporation System	
	Name
1200 South Pine Island	
	Address Series
Plantation, FL 33324	
City,	State and Zip
6. The name and address of the new registered ag	gent and/or office:  AM I SPORTATION  Name  Sport and/or office:  Name
NRAI Services, Inc.	- INSTA
	Name 5 5
2731 Executive Park Dri	
Florida street address	s (P.O. Box NOT acceptable)
Weston	FL 33331
City, S	tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
Sherry W. Cohen (Printed or typed name of signee)	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being find address, I hereby confirm that the limited liability NRAI Services And A.	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, so fmy position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.
(Signature of Registered Agent) Maggie Ferdinand	
Division of Corporations, P.C	O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**