

M43129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

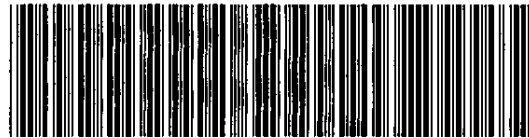
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900185371849

10/26/10--01021--018 \*\*105.00

FILED  
10 NOV 15 PM 1:41

RA Change

11/15/10

Dc



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2010

OLGA E. PARRA, ESQ.  
C/O GALAXY AVIATION  
2255 GLADES ROAD, SUITE 321A  
BOCA RATON, FL 33431

SUBJECT: TOWNE OAKS, INC.  
Ref. Number: M43129

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

PLEASE HAVE MICHAEL FAREN, CFO TO SIGN THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 710A00025614

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Towne Oaks, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** M43129

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:

Olga E. Parra, Esq  
Name of Contact Person

c/o Galaxy Corporate Offices  
Firm/Company

2255 Glades Road, Suite 321A  
Address

Boca Raton, Florida 33431  
City/State and Zip Code

oparra@galaxyaviation.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga E. Parra at ( 561 ) 417-9538  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Statutes, 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 of Florida.

1. The name of the corporation: Towne Oaks, Inc.
2. The principal office address: 2255 Glades Road, Suite 321A  
Boca Raton, Florida 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/12/1986 Document number: M43129
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Richard Breslow

2255 Glades Road, Suite 321A

Boca Raton, Florida 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Olga E. Parra, Esq.

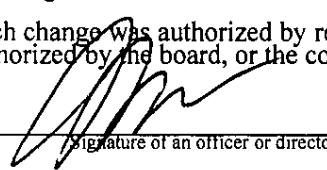
2255 Glades Road, Suite 321A

P.O. Box NOT acceptable

Boca Raton, Florida 33431

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 or director

Michael Faren, Chief Financial Officer  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

11 / 3 / 00  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

OLGA PARRA  
\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)