

(Requestor's Name)	<del></del>
Mr. Gary Goldbloom 1251 Belia Vista Ave Coral Gables, FL 33156-6456	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





200023505182



10/10/03--01029--009 \*\*35.00



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

the undersigned corporation organized under the laws of the State of FLORIDA
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 corporation: MARBELLA MARINA, INC.
1. The hame of the corporation MANDED TO PARTITION 1.
2. The mailing address of the corporation: 201 ALHAMBRA CIRCLE, SUITE 514
CORAL GABLES, FL 33134
3. Date of incorporation/qualification: 1 JUN 1987 Document number: M52979
4. The name and address of the current registered agent and registered office:
ROBERT ALWINE
801 S BAYSHORE DRIVE
MIAMI FL 33131
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):  (P.O. Box NOT Acceptable)
GARY GOLD BLOOM
201 ALHAMBRA CIRCLE, SUITE 514
CORAL GABLES FL 33134
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.
/ Call Man 7 OCT 03
(Signature of an officer, chairman of vice chairman of the board) (Date)
PRESIDENT (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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,
Later Wolfferen 7 OCT 03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

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

P.O. Box 6327