N00000001851

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Poinciana's Southwood, Inc. (Name of Corporation) | on) | |
| DOCUMENT NUMBER: N00000001851 | | |
| The enclosed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the f | ollowing: | |
| Leah Ureña | | |
| (Name of Contact Per | rson) | |
| Joseph H. Ganguzza & Associates, P.A. | | |
| (Firm/Company) | | |
| One S.E. Third Avenue, Suite 2150 (Address) | | |
| (, 1441-525) | | |
| Miami, FL 33131 | | |
| (City/State and Zip C | ode) | |
| For further information concerning this matter, please call: | | |
| Leah Ureña at (3 (Name of Contact Person) | 381-8220 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 | _ |
|--|--------------------|
| in order to change its registered office or registered agent, or both, in the State of Florida. | |
| 1. The name of the corporation: Poinciana's Southwood, Inc. | |
| 2. The principal office address: 2045 SW 127th Avenue Davie, FL 33325 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 03/21/2000 Document number: N00000001851 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | 98 SE |
| Miele Bro Mani. Inc. | 報し |
| 2045 SW 127th Avenue | No. |
| Davie, FL 33325 | FLC |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | RIDA |
| Joseph H. Ganguzza & Associates, P.A. | |
| Suntrust International Center | |
| (P.O. Box NOT acceptable) | |
| One S.E. Third Avenue, Suite 2150, Miami, Florida 33131 | |
| The street address of its registered office and the street address of the business office of its registered age as changed will be identical. | nt, |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. | |
| (Synature of an office or director) ACKY THORE (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 performa of my divies, and lam familiar with and accept the obligation of my position as registered agent. Or, if a document is the inglified merely to reflect a change in the registered office address, I hereby confirm that a corporation has been notified in writing of this change. | nce 'his 'he |
| (Date) | - |
| If signing on behalf of an entry: | |
| (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)