N00000005536

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800020307428

06/09/03-01050--003 **35.00

RA Chg.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Park Place at Kings Headow Condominium AS? (Name of conforation)
DOCUMENT NUMBER: N 0000005536
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:
Maricelle Garcia (Name of person)
(Name of firm/company)
13800 SW 144 Ave Rd (Address)
Miami, Fl. 33186 (City/state and zip code)
For further information concerning this matter, please call:
Maricelle Garcia at (305) 251.2234 (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Pursuant to the provi	sions of sections	607.0502, 617.050	02, 607.1508, or 617.150	8, Florida Statutes,
		_	anized under the laws of a	•
	in order to chan	ige its registered off	fice or registered agent, c	or both, in the State
of Florida.	maratian Dar K	Dlace ne k	indo Neadow	Condominiumi
				ASSOCIATIO
2. The principal office			y 'Ave Rd	*, <u>c</u> .
		lami, Fl. 3	33186	
3. The mailing address	s (if different):			
				·*
4. Date of incorporation	on/qualification: _	8/23/00	Document number:	NO0000005536
5. The name and street	t address of the cr	urrent registered age	Document number: ent and registered office or	n file with the
Florida Department	of State:			
<u>£</u>	trrom,	orlando		
	0556 N	W 26 St	Ste D-20)3 *4 *2
	Miami	, Fl 331	73	ن الله الله الله الله الله الله الله الل
		new registered age	ent (if changed) and /or i	ragistared office (if
changed):	address of the	011-	and (it changed) and for i	legistered office (II
	Suits.	Stephen) ,	
		` .	y Servicus,	nc.
128	00 SW 14	Box or personal mailbox NO		22181
 		4 Ave Rd	Mianu, Pl.	33186
The street address of i agent, as changed will	ts registered offi be identical.	ce and the street add	dress of the business office	ce of its registered
Such change was auth	orized by resoluted or the corporate	tion duly adopted by	y its board of directors or ed in writing of the chan	by an officer so
July K	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	— Co	n Rizzento	(Drowndent)
Signature of an officer, chairman	nor vice chairman of the	board)	(Printed or typed name and fille	, -
I hereby accept the ap I-further agree to com	pointment as reg ply with the prov	gistered agent and a visions of all statute	igree to act in this capaci s relative to the proper a	ity. nd complete
perjormance oj my au registered agent_Qr.	ties, and 1 am jai if this document	miliar with ana acc is being filed merel	ept the obligation of my f v to reflect a change in t	position as he registered
office address, I bereb	y confirm that th	ie corporation has l L	been notified in writing o	f this change.
(Signature o	of Registered Agent)	<u> </u>	(Date)	
If signing on behalf of an e	entity:			
/Times and	rinted Name)		10.4.818	
(1) then of t	rimou ranne)		(Capacity)	** * * *

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