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SECRETARY OF STATIONS
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: CHANGE OF REGISTURED OFFICE / AGENT  |
| DOCUMENT NUMBER: 100006432  |
| 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:                                     |
| LISBETH BUSTIN (Name of person)   |
| CARAND MARINA AT DEFRING BAY (Name of firm/company)   |
| 13610 DEERING BAY DR<br>(Address)   |
| COLAL GABLES PC 83158 (City/state and zip code)   |
| For further information concerning this matter, please call:  |
| USBETH BUSTIN at (305) 2-32-17-41 (Name of person) at (305) 2-32-17-41 (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 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.  | V ~         |
| 1. The name of the corporation: GRANA MARINA AT DEEPING BAY ASSOCIA  | ΗŞ          |
| 2. The principal office address: 13610 DEERNG BAY DRIVE  |             |
| COLAL GABLES, FL 33158   | म् <u>य</u> |
| 3. The mailing address (if different): SAME AS ABOVE   |             |
|  | سي          |
| 4. Date of incorporation/qualification:  | • • • •     |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |             |
| Florida Department of State:  HASTINGS, VIVEN H.  24301 WALDEN CENTER DR. #300 3   |             |
| 24301 WALDEN CENTER DR. #300 % 83  | 汇           |
| BONIYA SPRINGS, FL 34134 7   | ₹L<br>40°   |
|  |             |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  | ~           |
| CHRISTOPHER SHIELDS  |             |
| 1833 HENDRY STREET (P.O. Box of perfonal mailbox NOT acceptable)   | ·           |
| FY HYERS FC. 33901   |             |
| 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, chairman or vice chairman of the board)  (Printed or typed name and title)  | <b>'</b>    |
| 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)  If signing on behalf of an entity:  |             |
|  |             |
| (Typed or Printed Name) (Capacity)   | - "         |

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