N02000008613

Gloria Taft Gloria Taft Sunny Isles Beach Citizens Coalition, Inc. P.O. Box 800103 Aventura, Florida 33280-0103
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
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SECRETARY OF STATE

R.A. change

T BROWN OCT 1 6 2003

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, the
undersigned corporation organized under the laws of the State of Fhounda
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: Sungle lesheach Citizen's coalition,
lnc.
2. The mailing address of the corporation: lost office Box 800103
Aventura FL 33280-0103
3. Date of incorporation/qualification: 11/2 Document number: Novocooski
4. The name and address of the current registered agent and registered office:
Julius Green beng
210.1742 St. #160
Surry 14 les Beach.
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
Cloria taxt
210-174 St # 31to 2405 Sumny Isles Beach, FL 3316
Sunny (sles Beach, FL 33160
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.
Chling rear 10/4/03
(Signature of an officer, chairman or vice chairman of the board) (Date)
Julius Greenborg, Secy
(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.
Storia Jakt 11/9/03
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

CR2E045(8/99)

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