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| Special Instruction | ns to F | iling Offi | cer: | _ | | • |
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COVER LETTER

| Division of Corporations | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| ; | | | | | | | | |
| SUBJECT: MURANO AT HAMPTON PARK NO. 7 CONDOMINIL | | | | | | | | |
| Name of Corporation | | | | | | | | |
| DOCUMENT NUMBER: N0300002829 | | | | | | | | |
| 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: | | | | | | | | |
| | | | | | | | | |
| Anthony S. Adelson.ESQ | | | | | | | | |
| Anthony S. Adelson, ESQ Name of Contact Person | | | | | | | | |
| | | | | | | | | |
| Law Offices of Anthony S. Adelson, P.A. | | | | | | | | |
| Firm/Company | | | | | | | | |
| | | | | | | | | |
| 501 Golden Isles Drive, Suite 203 | | | | | | | | |
| Address | | | | | | | | |
| | | | | | | | | |
| Hallandale Beach, FL 33009 | | | | | | | | |
| Hallandale Beach, FL 33009 City/State and Zip Code anthony@adelsonlawfirm.com | | | | | | | | |
| anthony@adelsonlawfirm.com | | | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | | | |
| | | | | | | | | |
| For further information concerning this matter, please call: | | | | | | | | |
| Law Offices of Anthony S. Adelson, P.A. at 7 954 \ 452-9238 | | | | | | | | |
| Law Offices of Anthony S. Adelson, P.A. at (954) 452-9238 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | | |
| Mailing Address: Street Address: | | | | | | | | |
| Amendment Section Amendment Section | | | | | | | | |
| Division of Corporations Division of Corporations | | | | | | | | |
| P.O. Box 6327 Clifton Building | | | | | | | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Se. 5

TO:

Amendment Section

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

| statement of cha | nge is submitted for a co | orporation organize | 607.1508, or 617.1508, Flo d under the laws of the Sta | te of FLORIDA |
|--|--|--|---|---------------------------------------|
| | | | d agent, or both, in the Stat | |
| | - | | | 7 CONDOMINIUM / |
| 2. The principal | office address: Law Of | ffices of Anthon | y S. Adelson, P.A. 50 | 1 Golden Isles Drive, Su |
| Hallandale | Beach, FL 33009 | | | |
| 3. The mailing a | ddress (if different): | | · | |
| 4. Date of incorp | oration/qualification: | 04/02/03 | Document number: | N03000002829 |
| | street address of the curtiment of State: (If resign | | nt and registered office on t | file with the |
| | C/O PROGRESSI | VE MANAGEM | ENT ASSOCIATES | |
| | 5400 S UNIVERSI | ITY DR., STE. 1 | 01 | |
| | DAVIE FL 33328 | | | SECRE TALLARE |
| 6. The name and (if changed): | I street address of the ne | w registered agent (| if changed) and /or register | 28 ASS |
| | Law Offices of Ant | hony S. Adelso | n, P.A. | |
| | 501 Golden Isles I | | | AMII: 10 AMII: 10 EE. FLOR |
| | | P.O. Box NOT a | cceptable | SIE 3 |
| | Hallandale Beach, | FL 33009 | | |
| The street address changed will | ess of its registered office be identical. | ce and the street ad | dress of the business offic | ce of its registered agent, |
| Such change was authorized by the | as authorized by resolut he board, or the corpora | tion duly adopted bation has been notif | y its board of directors or ned in writing of the chan | by an officer so ge. |
| 2 cum | re of an officer or director | | Printed or typed nar | ne and title |
| I hereby accept I further agree of my duties, an document is be | the appointment as yes | visions of all statute ad accept the obliga ct a change in the | aaraa ta aat in this canaci | |
| Sig | nature of Registered Agent | · · · · · · · · · · · · · · · · · · · | Date | · · · · · · · · · · · · · · · · · · · |
| If signing on be | chalf of an entity: | | | |
| Т | yped or Printed Name | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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