M03000002832

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COVER LETTER

Division of Corporations SUBJECT: MURANO AT HAMPTON PARK NO. 6 CONDOMINI Name of Corporation N03000002832 DOCUMENT NUMBER:_ 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 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 City/State and Zip Code 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.

Name of Contact Person

at (954) 452-9238

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

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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

statement of cha	provisions of sections 607 nge is submitted for a cor r to change its registered	poration organizea	l under the laws of	the State of <u>F</u>	LORID			
1. The name of t	he corporation: MURA	NO AT HAMI	PTON PARK	NO. 6 co	NDOMIN	IUM A	SSOCIAT	ION INC.
	office address: Law Off Beach, FL 33009	ices of Anthony	S. Adelson, P.	.A. 501 Gol	den Isle	es Driv	ve, Suite	·
3. The mailing a	ddress (if different):			<u>.</u>				
4. Date of incorp	poration/qualification:	04/02/03	_ Document numb	per: N	030000	0283	2	
	street address of the curr tment of State: (If resigne		t and registered off	ice on file with	h the			
	C/O PROGRESSIV	'E MANAGEME	NT ASSOCIAT	ΓES	-			
	5400 S UNIVERSITY DR., STE. 101							
	DAVIE FL 33328				TASE SE	208		
6. The name and (if changed):	street address of the new Law Offices of Anth			registered offi	CRETARY OF	2009 SEP 10 PM 4:		
	501 Golden Isles D	rive, Suite 203 P.O Box NOT acc	antahla		ORI		***************************************	,
	Hallandale Beach, I		cpane		Ö.	~		
The street addre	ess of its registered office be identical.	e and the street add	lress of the busine	ss office of its	s register	ed age	nt,	
Such change wa authorized by th	as authorized by resolution board, or the corporation	on duly adopted by ion has been notific	tits board of directed in writing of the	tors or by an e change.	officer s	0		
Signatur	the officer or director	Let _	Steven Printed or	lyped name and tit	le		-	
I hereby accept I further agree I of my duties, an document is bei corporation has	the appointment as reging to comply with the provise of I am familiar with and an filed merely to reflect been notified in writing	stered agent and a sions of all statutes I accept the obliga I a change in the re of this change.	gree to act in this s relative to the pr tion of my position egistered office ad	capacity. oper and com 1 as registered dress, I hereb	iplete pei d agent. by confiri	rforma Or, if t n thát t	nce this the	
Sign	nature of Registered Agent		71"	Date			. <u></u>	
If signing on be	half of an entity:							
Antha.	ped or Printed Name							

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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