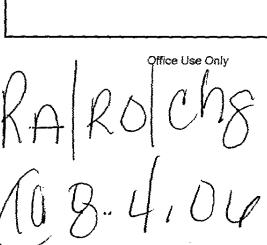
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(Re	equestor's Name)	
(Ad	ldress)	
(Āc	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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07/26/06--01025--011 **35.00

OF JUL 26 MILO OO
TALLEHASSEE, FLORIDA

COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.
1. The name of the corporation: Dord Edge Copposate Park Condominism No. 3
2. The principal office address: 5930 AW 99 Awnue, Unit 1, 4330 Awnue, Uni
3. The mailing address (if different): DO BOX 208055 Micmi, F). 38122
4. Date of incorporation/qualification: 8 2 2004 Document number: NO400000 755
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Peninsula Real Estate - Coebs de la Rionda
2026 SW 1 St #6
Mirmi, H. 33135
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MP Peopeery Management Inc.
3575 West 72 St.
Hialeah, H 33018
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 or director) (Printed or typed name and title)
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 movely to reflect a change in the registered office address, I hereby confirm that the corporation has been faified in writing of this change.
(Signature of Registered Agent) O(a) 29 06 (Date)
If signing on behalf of an entity:
Mylian J. Palacios (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

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