

N05000010496

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
PIAZZA COMMERCIAL WAREHOUSE CONDOMINIUM
ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

C.COULLIETTE

MAR 03 2010

EXAMINER

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: PIAZZA COMMERCIAL WAREHOUSE CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 8240 NW 52 TERRACE - SUITE 102, DORAL FL 33166
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/11/2003 Document number: N05000010496
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MIAMI CORPORATE REGISTRY
2100 W. 76TH STREET, SUITE 212
HIALEAH FL 33016

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Hugh Dates
 Signature of an officer or director

PRESIDENT (HUGH DATES)
 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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: *Barbara Burke*
 Signature of Registered Agent

3.2.10
 Date

If signing on behalf of an entity: Barbara A. Burke
Special Assistant Secretary
 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
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