N15442

(Requestor's Name)				
ROBERT E. PAIGE ATTORNEY AT LAW 9500 SOUTH DADELAND BOULEVARD SUITE 550, MIAMI, FL 33156				
(City/State/Zip/Phone #)				
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TRANSMITTAL LETTER

ESPLANADE PATIO HOMES ASSOCIATION (Name of corporation) DOCUMENT NUMBER: N15662 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: Robert E. Paige, Esq. (Name of person) Suite 550 (Name of firm/company) 9500 South Dadeland Boulevard (Address) Miami, FL 33156 (City/state and zip code) For further information concerning this matter, please call: Robert E. Paige, Esq. (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section : Division of Corporations Amendment Section Division of Corporations 409 E. Gaines Street P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32399

TO:

Amendment Section Division of Corporations

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

this statement o	e provisions of sections 607.0502, 61 f change is submitted for a corporation		
Florida	in order to change its register	red office or registered agent, or t	both, in the State
of Florida.	the corporation: ESPLANADE PATIO	HOMES ASSOCIATION, INC.	
	office address: 12079 S.W. 131 Aver		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 1986	Document number: N	15662
	d street address of the current register rtment of State: Robert E. Paige, Esq.	ed agent and registered office on f	ile with the
	2151 LeJeune Road, Suite 309-A		 .
	Coral Gables, FL 33134		_
6. The name as changed):	Robert E. Paige, Esq. 9500 South Dadeland Boulevard, Suit (P.O. Box or personal mail	e 550	gistered office (if
agent, as chang	ess of its registered office and the street will be identical.		
authorized by t	as authorized by resolution duly ado he board or the corporation has been		ž.
(Signature of an office	r, chairman or vice chairman of the board)	Guy Picardi, President (Printed or typed name and title)	·
I furthér agrée	t the appointment as registered agen to comply with the provisions of all fmy duties, and I am familiar with a at. Or, if this document is being filed I hereby confirm that the corporation	statutes relative to the proper and accept the obligation of my po	d complete osition as
1147/	Signature of Registered Agent)	(Date)	AR AR
If signing on beha	olf of an entity:		IO SSEE
	Typed or Printed Name)	(Capacity)	
	* * * FILING FI	EE: \$35.00 * * *	IZ: 32

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