N9500002852

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	· imig omoon	
,		
		-

Office Use Only



000188521370

12/14/10--01017--013 **35.00

10 DEC 14 AM 10: 05

CA. Change C.COULLIETTE

DEC **1.6** 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation DOCUMENT NUMBER: N9500002852 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: Marc A. Halpern, Esq. Name of Contact Person Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880 Address
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: Marc A. Halpern, Esq. Name of Contact Person Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Please return all correspondence concerning this matter to the following: Marc A. Halpern, Esq. Name of Contact Person Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Marc A. Halpern, Esq. Name of Contact Person Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Halpern Rodriguez, LLP Firm/Company 800 Douglas Road, Suite 880
Firm/Company 800 Douglas Road, Suite 880
Firm/Company 800 Douglas Road, Suite 880
800 Douglas Road, Suite 880
800 Douglas Road, Suite 880 Address
Address
Coral Gables, FL 33134
City/State and Zip Code
h-@h-ll-lour sans
hr@hrllplaw.com E-mail address: (to be used for future annual report notification)
` '
For further information concerning this matter, please call:
•
Priscilla Zaldivar at (305) 442-8883 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 Zoo1 Executive Center Circle Tallahassee, FL 32301

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

			outh Condominium / Drive, Miami Beach, F		Inc.
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification:	6/12/1995	Document number:	N95000002	852
	nd street address of the curr artment of State: (If resigne		nt and registered office on fil	le with the	
	Michael Hyman; Hy	/man & Kaplar	Professional Assoc.	massis - comme st	
	150 West Flagler S	treet, Museum	Tower 27th Floor		
	Miami, FL 33130				
6. The name ar (if changed)		_	if changed) and /or registere	d office	11.030 GL
	800 Douglas Road,	***************************************			` .
		P.O. Box NOT a	cceptable		AM IO: O
	Coral Gables, FL 33				0:0
The street add as changed wi	ress of its registered office ll be identical.	e and the street ad	dress of the business office	of its registered a	igent, Ş
Such change vauthorized by	vas authorized by resolution the board, or the corporation	on duly adopted b	by its board of directors or being in writing of the change	oy an officer so	
7	ture of an officer or director	2	STE PHOW A	<i>KCoy</i>	
y Signa		<u> </u>	agree to act in this capacity	, d complete perfort	mance if this
I hereby accept further agree of my duties, a document is b	of the appointment as regi- e to comply with the provi- nd I am familiar with and eing filed merely to reflect as been notified in writing	stere d agent and sions of all statut l accept the oblige t a change in the i of this change.	es retaitive to the proper and ation of my position as regi- registered office address, I i	stered agent. Or, hereby confirm th	at the
I hereby accept further agree of my duties, adocument is becomporation here.	of the appointment as regi. e to comply with the provision of am familiar with and eing filed merely to reflect by been notified in writing	stered agent and sions of all statut accept the oblige tachen the lacker of this change.	es retait to the proper and ation of my position as regional registered office address, 11	stered agent. Or, hereby confirm th	at the

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