N96000006066

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(Requestor's Name)	ŀ
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Parisian Village in the Grave Condominium ressouration, Inc.	
DOCUMENT NUMBER: N9600006066	
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:	
Name of Contact Person	
Tourthan K. Robin P.A.	
Tourthen K. Pulan P.A. Firm/Company C1310 Surest Drive, Suite 265 Address	
Mixini, FL 33173 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (305)598-7331 Area Code & Daytime Telephone Number	
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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 Stat statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Flor	ida.
I The name of the comporation: Parisian Village in the Grove Condo	minium Haucietium, In
2. The principal office address: 2927 Jeckson Avenue, History FL 33	133
3. The mailing address (if different): 4. Date of incorporation/qualification: 11 31 1796 Document number: NT6 000	
4. Date of incorporation/qualification: 11 31 196 Document number: Note 200	(COC (CC)
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	the
Maria Andreina S. Egymoza	
7177 Tockson Avanue	2991
Miami, FL 33133	
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):	e
Jonathan R. Kubin Port	t.
1360 Sunset Bine Suite 255 P.O. Box NOT acceptable	U
Mirmi, FL 33173	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent.
Such change was authorized by resolution duly adopted by its board of directors or by an o authorized by the board or the corporation has been notified in writing of the change.	fficer so
Signature of an officer or director Amber Sommer, Printed or typed name and little	President
I hereby accept the appointment as registered agent and agree to act in this capacity. 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 composition of my position as registered of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address. I hereby corporation has been notified in writing of this change.	plete performance agent. Or, if this confirm that the
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Jonathan R Rubin President Typed or Printed Name Rubin, P. A. of Jonathan R. Rubin, P. A. *** FILING FEE: \$35.00 ***	
A A PILING FEE. 333.00	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E015 (04/13)