P0000037484

(Requestor's Name)		
(Address)	-	
(Address)	-	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)	-	
Certified Copies Certificates of Status	-	
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SECRETARY OF STATES

2 May

COVER LETTER

TO: Amendr Division	nent Section of Corporations	
SUBJECT: Ch	nateau De Cristo, Inc.	oration)
	(Number Corp	oration)
DOCUMENT N	NUMBER: P00000027484	·
The enclosed Sta	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	Tom Vlahos	
	(Name of Contact	et Person)
	`	,
	Chateau De Cristo, Inc. (Firm/Comp	
	(Firm/Comp	oany)
	, , , , , , , , , , , , , , , , , , ,	•
	20 North Federal Highway (Address	
	(Address	,
	Boca Raton, FL 33496	
	(City/State and 2	Zip Code)
For further infor	mation concerning this matter, please call:	
Tom Vlahos	,	st:(561) 362-5554
	Name of Contact Person)	at () 362-5554 (Area Code & Daytime Telephone Number)
Enclosed is a \$3	5.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	***************************************	Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S nange is submitted for a corporation organized under the laws of the State of _ ler to change its registered office or registered agent, or both, in the State of F	Florida
	f the corporation: Chateau De Cristo, Inc.	
	al office address	
2. The principa	102 NE 2nd Street suite #330	Baca Raton, FL.
3. The mailing	address (if different):	33432
4. Date of incor	rporation/qualification: 3/17/2000 Document number: P000000	027484
	nd street address of the current registered agent and registered office on file wi artment of State:	th the
£	Simon, Sigalos & Spyredes, P.A.	
	120 East Palmetto Park Road, Suite 100	ASS
	Boca Raton, FL 33432	FFG. B
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered off	FLORIDA ice
	Tom Vlahos	_
	(P.O. Box NOT acceptable) [02 NE 2nd street suite # 330 Boar Rot	- bw, F2.33432
The street addr	ress of its registered office and the street address of the business office of it	s registered agent,
	vas authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	
(Signal	Tom Vlahos (Printed or typed name and	title)
,	of the appointment as registered agent and agree to act in this capacity, it to comply with the provisions of all statutes relative to the proper and considered I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here as been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the
	Tom Vlahos 9-25	-06
(\$	ignature of Registered Agent) (Date)	
If signing on bo	pehalf of an entity:	
	(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