(Re	questor's Name)	
(Address)		
(Address)		
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· · · (Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	·	

Office Use Only



500105742885

07/13/07--01035--009 **35.00

DIVISION OF CORPORALIUM

B-7/18/07

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: NEW AMERICAN PROPERTIES, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: P00000062385			
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:			
DIRK DEGROEN			
(Name of Contact Person)			
1201 MANATI AVENUE (Firm/Company)			
(i iiiii Company)			
(Address)			
CORAL GABLES, FL 33146			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
DIRK DEGROEN at (305) 801-7010			
DIRK DEGROEN at (305) 801-7010 (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			
Amendment Section 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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	ized under the laws of the State of FLORIDA
in order to change its registered office or registe	, •
1. The name of the corporation: NEW AMERICAN PROF	'ERTIES, INC.
2. The principal office address: 1201 MANATI AVENUE	· · · · · · · · · · · · · · · · · · ·
CORAL GABLES, FL 33146	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 06/27/2000	Document number: P00000062385
The name and street address of the current registered a Florida Department of State:	gent and registered office on file with the
DIRK DEGROEN	
500 NE 167 STREET, SUITE 1	00
MIAMI, FL 33162	
6. The name and street address of the new registered ager (if changed):	at (if changed) and /or registered office
DIRK DEGROEN	
1201 MANATI AVENUE	
(P.O. Box NOT acceptable)	——————————————————————————————————————
CORAL GABLES, FL 33146	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.
(Mghature of An officer or director)	DIRK DEGROEN, PRESIDENT (Printed or typed name and title)
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblicacument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address. I hereby confirm that the
WW C	07/10/2007
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILING FE	CE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)