## P00000084951

|   | (Requestor's Name)                      |  |  |  |  |  |
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|   | (Address)                               |  |  |  |  |  |
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|   | ,                                       |  |  |  |  |  |
|   | (City/State/Zip/Phone #)                |  |  |  |  |  |
|   | PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   | (Business Entity Name)                  |  |  |  |  |  |
|   | (200)                                   |  |  |  |  |  |
| •                                       | (Document Number)                       |  |  |  |  |  |
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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations  | ē.  |   |
|---|---|---|
| SUBJECT: Waterfront Develoment  | t Investment Corp.  |   |
|   | (Name of corporation)   | <del></del>   |
| DOCUMENT NUMBER: P0000  | 0084951   | <del></del>   |
| The enclosed Statement of Change  | of Registered Office/Agent and fee are submitted  | ed for filing.  |
| Please return all correspondence co   | oncerning this matter to the following:   |   |
| Robin Arrighi   |   |   |
| (Name of pers   | son)  | ···· .  |
| P. O. Box 32335   | _   | TASE OF THE PARTY |
| (Name of firm/con   | mpany)  | 强岛  |
|   |   | 6 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6   |
| (Address)   | <del> </del>  | 一門里   |
| Palm Beach Gardens, FL 33420  |   | - 3 52  |
| (City/state and zip   | o code)   | Dr. P.C   |
| For further information concerning  | this matter, please call:   |   |
| Robin Arrighi   | at ( 561 ) 252-3636<br>(Area code & daytime telephone nu  | · <del>-</del>  |
| (Name of person)  | (Arca code & daytime telephone nu   | mber)   |
| Enclosed is a \$35.00 check made pa   | ayable 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 409 E. Gaines Street Tallahassee, FL 32399 |   |

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

| this statement   | of change is submitted for   | a corporation   | 0502, 607.1508, or 617.150<br>orga <mark>nized under the la</mark> ws of  | the State of   |    |  |  |  |
|--|--|---|---|--|----|--|--|--|
| of Florida.  1. The name of  | in order to chang f the corporation: Waterfi   |   | office or registered agent,   | or both, in the State                                  |    |  |  |  |
| 2. The principa  | al office address: P. O. Bo<br>h Gardens, FL 33420   |   | <u></u>   |  |    |  |  |  |
|  | address (if different);  |   |   |  |    |  |  |  |
| 4. Date of inco  | orporation/qualification:  | 09/08/00  | Document number:  | P00000084951   |    |  |  |  |
| 5. The name a  |  |   | agent and registered office of  | on file with the                                       |    |  |  |  |
|  | Vincent J. Altino, Esq.  |   |   | <del></del>  |    |  |  |  |
|  | 2101 W. Commercial Bl  | vd., #4100  |   |  |    |  |  |  |
|  | Ft. Lauderdale, FL 333   | 09  |   |  |    |  |  |  |
| 6. The name a changed):  | Robin Arrighi P. O. Box 32335  | new registered  | Lake Blot, St. NOT acceptable)  The Palm Black,   |  |    |  |  |  |
|  | Palm Beach Cardens, F  |   |   |  |    |  |  |  |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |  |   |   |  |    |  |  |  |
| Such change v<br>authorized by   |  |   | d by its board of directors on the characters of the characters of the characters are the characters.   |  |    |  |  |  |
| Shemature of Am office   | Mich Director of cr, charman of the  | Pesidad R   | obin Artighi, Director and Pres<br>(Printed or typed name and bit   | sident   |    |  |  |  |
| I hereby accept further agree performance of registered age  | ot the appointment as reg<br>to comply with the prov<br>of my duities, and I am fan<br>int. Or, if this document | istered agent a<br>isions of all sta<br>niliar with and<br>is being filed m | nd agree to act in this capac<br>tutes relative to the proper<br>accept the obligation of my<br>erely to reflect a change in<br>as been notified in writing ( | city.<br>and complete<br>position as<br>the registered |    |  |  |  |
| Aghi.  | under, Perde   | <u>at</u>   | 12-5-02   | _  | 11 |  |  |  |
| If signing on beh  | (Signature of Remistered Agent)  |   | (Dutc)  | DEC -9   |    |  |  |  |
|  | (Typed or Printed Name)  | <del></del> ,   | (Copacity)  | - HA =   |    |  |  |  |
|  | * * *  | FILING FEE:   | \$35.00 * * *   | F STA  | •  |  |  |  |
|  |  |   | IMENT OF STATE AND MAIL TO:   | 757 6  |    |  |  |  |