P010000/42/4

(Re	equestor's Name)				
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AN-5 PH 3:13

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJE	O M Miami Properties, Inc.					
	(Name of Corporation)					
DOCU	MENT NUMBER: P01000014214					
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Ainslee R. Ferdie					
(Name of Contact Person)						
Law Offices of Ainslee R. Ferdie						
	(Firm/Company)					
	717 Ponce de Leon Blvd. Ste. 215					
(Address)						
Coral Gables, F1. 33134						
	(City/State and Tin Code)					
(City/State and Zip Code)						
For furt	ther information concerning this matter, please call:					
Ros	slyn Ferdie 305 \ 445-3557					
	slyn Ferdie at (305) 445-3557 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclose	ed 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 32301

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

		7.0502, 607.1508, or 617.1508 organized under the laws of the		
		registered agent, or both, in the		
1. The name of the corpo	oration: O M MIAMI	PROPERTIES, INC.		
2. The principal office a		th Avenue, Ste. 2604		<u> </u>
21 The principal office a		dale, F1. 33301	<u> </u>	<u> </u>
3. The mailing address (if different): P.O.	Box 530744	· · · · · · · · · · · · · · · · · · ·	
5. The maning accress (, 	, F1. 33153		, ·
4. Date of incorporation/	qualification: 02/07/0	Document number:	P01000014214	
	ddress of the current registe	ered agent and registered office	on file with the	
	Douglas O	esterle		무
	9506 S.W.	57 Avenue	- 06 J	SECR /ISIO
	Miami, Fl.	. 33156	JAN -5	ETAR OF C
6. The name and street as (if changed):	ddress of the new registered	l agent (if changed) and /or regi	istered office	Y OF STATE ORPORATI
	717 Ponce	de Leon Blvd., Ste. 2	ယ 215	SKS
-	(P.O. Box NOT acco	eptable)		
<u></u>	Coral Gabl	les, F1. 33134	<u> </u>	
The street address of its as changed will be ident	registered office and the sical.	street address of the business o	office of its registered ag	gent,
Such change was author authorized by the board,	ized by resolution duly ad or the corporation has be	lopted by its board of directors en notified in writing of the ch	s or by an officer so nange.	
Ein A. TI	allo	Eric Starke, Pres	sident/Director	
(Signature of an off	·	· · · · · · · · · · · · · · · · · · ·	ed name and title)	
I hereby accept the appa I further agree to compl of my duties, and I am fa document is being filed i corporation has been no	vintment as registered age y with the provisions of all imiliar with and accept the merely to reflect a change tified the writing of this cha	nt and agree to act in this cap l statutes relative to the prope e obligation of my position as in the registered office addre: ange.	acity. r and complete perform registered agent. Or, i ss, I hereby confirm tha	ance f this t the
Clerdy (S. 1900	12/30/05	; 	
(Signature of R	egistered Agent)	(Da	ite)	
If signing on behalf of a	n entity:			
(Typed or Prin	nted 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 CR2E045 (8/05)