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P010000	22065
(Requestor's Name) (Address) (Address)	300014078393
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/17/0301039006 **35.00
(Document Number)	
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

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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:

For further information concerning this matter, please call:

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 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of

ELORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation:_	ALROBE PROPERTIES,	ENC. 30 PROPER	2
2. The principal office address:	4040 NE 2ND AVE	, SUITE 314 3 000	ت
MIAMI, FL	33137	Ky *?	Ż
3. The mailing address (if differe	nt):		•. -

- Document number: P01000022065 0 4. Date of incorporation/qualification:
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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 was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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(Capacity)

chairman of the board)

(Signature

(Typed or Printed Name)

If signing on behalf of REGERT

HERAD

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Registered Agent)

* FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314