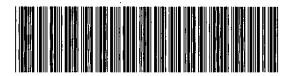
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RA Charge Thereis 4-29-08

COVER LETTER

Division of Corporations
SUBJECT: ALBANESE PROPKIN HUSTES COVE, THO. II (Name of Corporation)
DOCUMENT NUMBER: PO 10000 66679
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:
DONNA M SANDBERG (Name of Contact Person)
ALBANESS - PODKIN HUGHES COVE, INC. IT
1200 So Progers (recie #11
Boca Rator, 7L 33 48 7 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) 10 DOWNA at (561) 994-1375; EXTIDO (Area Code & Daytime Telephone Number)
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
Clifton Building
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, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
in order to change its registered office or registered agent, or both, in the state of Fiorida.
1. The name of the corporation: HLBANESE - POPKIN HUGHES (LOVE, INC. II
2. The principal office address:
1200 SOROGES CURRIE, #11 FOCA RATON, 1133481
3. The mailing address (if different):
Same
4. Date of incorporation/qualification: 07/05/2001 Document number: P0/0000 66679
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
EderARD D POPKÍN, P.A.
5355 TOWN CENTER ROAD STE 846
BOND RATION, 71 33486 BEST
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
DONNA M. SANDBERG TO 6
1200 So. ROSERS CiralE, #11
(P.O. Box NOT acceptable)
DOGA KATON, Th 3348/
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.
(Signature of an officer or director) LECHARD HABBUSSE, DRECTOR (Printed or typed hame and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.
I further garee 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.
San M. Marchael 4/10/20
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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

* * * FILING FEE: \$35.00 * * *.