

PO1000006842C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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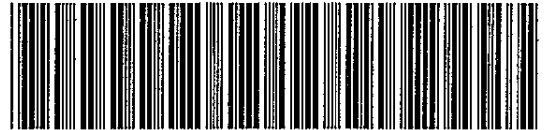
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AJR
12/22/04

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LANGSHIRE FLORIDA MANAGEMENT CORP.
(Name of corporation)

DOCUMENT NUMBER: PO10000 08420

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:

MARIANELA SUAREZ
(Name of contact person)

(Firm/Company)

1300 BRICKELL AVE.
(Address)

MIAMI, FL 33131
(City/state and zip code)

For further information concerning this matter, please call:

MARIANELA SUAREZ at (305) 679-5880
(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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

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