Paccoc 49137

(Requestor's Nam	ie)
(Address)	
(Address)	
,	
(C:\ (C\ \ \ (T) \ (T) \ (T)	
(City/State/Zip/Ph	one #)
PICK-UP WAIT	MAIL
(Business Entity N	lame)
·	
(Dogument Numb	01)
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
opoolal modulations to 1 mily officer.	
	,

Office Use Only



100159766801

Clarge

08/21/09--01013--011 **35.00

2009 AUG 21 PH 3: 19
SECRETARY OF STATE
SECRETARY SEE, FLORID

R HOT

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: South Florida Luxury Builders (crp. Name of Corporation
DOCUMENT NUMBER: 06200049137
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:
Rene Lezcano Name of Contact Person
Firm/Company
CODED SUN STREET
Pembrore Pines Pl 33023 City/State and Zip Code
Southfloridaluxury bulders@concost.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (50) 39.030 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

\$33.00 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

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.
1. The name of the corporation: South Florida Living Builders car
2. The principal office address: CODDO GW & GINUH
Pembroke Pines, EL 33023
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>U-29-2008</u> Document number: <u>1620004918</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Hex bader
9041 Sedaeward Drive
Lake Worth, FL 33467
6. The name and street address of the new registered agent (if changed) and /or registered office?
CEEC CO COLUMN
P.O. Box NOT acceptable
Pembrone Pines, FL 33023
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 Alex BADER Printed or typed name and title
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 a 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 had been notified in writing of this change.
8:17.09
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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