PQQ0091832

(R	equestor's Name)	
(A	ddress)	<u></u>
(Ar	ddress)	
(C)	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	<u></u>
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
-	Office Use Only	· · · · · · · · · · · · · · · · · · ·



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D5 MAY 27 PH 1: 29
AHASSEE. FLORIDA

PS 6/1/05

COVER LETTER

Division of Corporations	
SUBJECT: Great Condos, Inc. (Name of corporation)	
DOCUMENT NUMBER: P02000091832	
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:	
Albert Byrd (Name of contact person)	
Great Condos, Inc. (Firm/Company)	
3900 Galt Ocean Drive #1207 (Address)	
Fort Lauderdale, FL 33308	
(City/state and zip code)	•
For further information concerning this matter, please call:	1 1 7 7 7
Albert Byrd at (954-566-32) (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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399	

CR2E045(6/04)

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Great Condos, Inc.
2. The principal office address: 3900 Galt Ocean Drive #1207
Fort Lauderdale, FL 33308
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/23/2002 Document number: P02000091837,
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lexisnexis Document Solutions, Inc.
1201 Hays Street
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Albert Byrd
1207 Galt Ocean Drive #1207
(P.O. Box NOT acceptable)
Fort Lauderdale, FL 33308
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 anytheer or director) Albert Byrd PRESIDENT (Printed or typed name and the)
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.
White May 24 2005 (Signatury of Registered Agent) (Days)
If signing on behalf of an entity:
(Typed or Printed Name)

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