P02000093056

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COVER LETTER

TO: Amendment Section Division of Corporation	on rations		
SUBJECT:	ZORMA BROWARD PF	16 INC.	
	(Name of	corporation)	
DOCUMENT NUMBER	P020000930	56	·
The enclosed Statement of	Change of Registered Offi	ice/Agent and fee at	re submitted for filing.
Please return all correspon	dence concerning this matt	er to the following:	
	Jose C. Mar	rero ontact person)	
	(2.101110-02-0		
	Jose C. Ma	rrero, P.A. Company)	
	1820 N. Corporate L (Ac	akes Blvd., Suite 10 Idress)	05
	Weston, FL	33326	
	• •	and zip code)	
For further information co	ncerning this matter, please	e call:	
Jose C. N	/larrero, Esq.	at (954	217-1907
(Name of c	contact person)	(Area code	217-1907 & daytime telephone number)
Enclosed is a \$35.00 check	k made payable to the Dep	artment of State.	
Ā D P.	Mailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ameno Divisio 409 E.	Address: Iment Section on of Corporations Gaines Street assee, FL 32399

CR2E045(6/04)

STATEMENT QF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nitted for a corporation organized under the laws of the State of Florida				
	e its registered office or registered agent, or both, in the State of Florida.				
1. The name of the corpora	tion: ZORMA BROWARD PF16 INC.				
2. The principal office add	4000 N. Comparete Lakes Blad. Cuite 405 Western El 22200				
3. The mailing address (if o	lifferent):				
4. Date of incorporation/qu	alification: 8-27-02 Document number: P02000093056				
5. The name and street add Florida Department of S	ress of the current registered agent and registered office on file with the tate:				
	Raul J. Sanchez De Varona	- 14			
	1320 South Dixie HWY, Suite 280	AOV 2			
	Coral Gables, FL 33146	≥ n			
6. The name and street add (if changed):	ress of the new registered agent (if changed) and /or registered office	PH 12: 50			
	Jose C. Marrero, Esq.				
	1820 N. Corporate Lakes Blvd., Suite 105				
	(P.O. Box NOT acceptable)				
	Weston, FL 33326				
The street address of its reas changed will be identiced	egistered office and the street address of the business office of its registered a	gent,			
Signature of an office	· · · · · · · · · · · · · · · · · · ·				
I hereby accept the appoil I further agree to comply of my duties, and I am far document is being filed me corporation has been not	ntment as registered agent and agree to act in this capacity. with the provisions of all statutes relative to the proper and complete performation with and accept the obligation of my position as registered agent. Or, we reflect a change in the registered office address, it hereby confirm the ified in writing of this change.	nance if this at the			
(Signature of Re	gistered Agent) (Date)				
If signing on behalf of an	entity:				
Jose C. Mari (Typed or Prin	P() red Name)				

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