

P02000122899

(Requestor's Name)

UBALDINO PROPERTIES
218 COMMERCIAL BLV. #208J.
L.A.T.S. FL. 33308

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

1. The name of the corporation: Ubalino Properties, Inc.

2. The principal office address: 400 Surfside, Blvd.
Surfside, Florida 33154

3. The mailing address (if different): 1150 NW 72nd Avenue, Unit 555
Miami, Florida 33126

4. Date of incorporation/qualification: 11/18/02 Document number: P02000122899

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Darrow, Kenneth F., Esquire

9400 South Dadeland Blvd., PH5

Miami, Florida 33156

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

210 COMMERCIAL BLVD. # 2081.

LATS. FL. 33308

(P.O. Box or personal mailbox NOT acceptable)

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)

(Printed)

(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 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.

(Signature of Registered Agent/Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILING FEE: \$35.00

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

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