## P03000057773

(	Requestor's Name)
	Address)
(	Address)
(	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



500138213555

12/01/08--01030--014 \*\*35.00

08 DEC -1 PH 2: 50

DIVISION OF CORPORATIONS

Roll 8

## **COVER LETTER**

SUBJECT: CAMPANIELLO REALTY, INC.  (Name of Corporation)
DOCUMENT NUMBER: P03000057773
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:
LISA I. GLASSMAN, ESQ. (Name of Contact Person)
LISA I. GLASSMAN, P.A. (Firm/Company)
18851 N.E. 29TH AVENUE, #700 (Address)
AVENTURA, FL 33180 (City/State and Zip Code)
For further information concerning this matter, please call:
LISA I. GLASSMAN, ESQ. at ( 305 ) 792-7240 (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

` TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: CAMPANIELLO REALTY, INC.	
2. The principal	office address: 15165 N.W. 77TH AVENUE, #1003, MIAMI LAKES, FL 33014	
3. The mailing a	address (if different): 225 E. 57TH STREET, NEW YORK, NY 10022	<u>-</u>
4. Date of incom	poration/qualification: 05/27/2003 Document number: P03000057773	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	LISA I. GLASSMAN, ESQ.	
	20801 BISCAYNE BLVD., #403	
	AVENTURA, FL 33180	3
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  LISA I. GLASSMAN, ESQ.	DIVISION OF CURRENT
	19961 N.E. 20TH AVENUE CHITE 200	N.T.U
	18851 N.E. 29TH AVENUE, SUITE 700  (P.O. Box NOT acceptable)	5
	AVENTURA, FL 33180	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent,	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the comporption has been notified in writing of the change.	
Nighar.	ure of an officer or director)  (Printed or typed haine sind fille)	
I hereby accept I further agree to of my duties, an accument is bed corppration has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I amiliar with and accept the obligation of my position as registered agent. Or, if this integrated needs to reflect a change in the registered office address, I hereby confirm that the specific in writing of this change.	
1125	11/25/01	
	chalf of an entity:	
(1	Typed or Printed Name)	

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