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(Re	questor's Name)			
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SECRETARY OF STATE

T BROWN AUG 1 8 2004

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PARC LOFTS 209 (Name of corporation)	CORP.
DOCUMENT NUMBER: PO30008097	3
The enclosed Statement of Change of Registered Office/Agent and fee are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Evic P. Stein, E (Name of contact person)	59.
Eric P. Stein, P.	<u>A.</u>
1820 N.E. 163 Street, 5	te.100
North Miami Beach, F. (City/state and zip code)	L 33162
For further information concerning this matter, please call:	
(Name of contact person) at (786) (Area code &	248-1000 daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
P.O. Box 6327 409 E. Gali	nt Section Corporations

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

Pursuant to the p statement of chan in order		or a corpora	tion organiz	zed under	the laws	of the !	State ofF]	lorida	
1. The name of th	ne corporation:	PARC L	OFTS 20	9 COI	RP.		<u>.</u>		
2. The principal of	office address:	94 <u>20</u> W	. Broad	lview	Dr.,	Bay	Harbor	Island	s,
Florida 3	33154.								
3. The mailing ad	ldress (if different	:						, \ , -	
4. Date of incorpo	oration/qualificati	on: _7/23	/03	Doc	ument nur	nber: _	P030000	080973	
5. The name and Florida Departs		he current r	egistered ag	ent and re	egistered (office o	n file with th	ne e	
	MARIE-CHA	RLOTTE	PIRO	<u> </u>			<u> </u>		
_	233 First	Street	#4						
	Miami Bea	ch, Flo	rida 3	3139				\$ 55 G	2
6. The name and (if changed):	street address of t	he new regi	stered agent	(if chang	ged) and /c	or regis	stered office	CRETARS	No Tr
-	ERIC P. S	TEIN, E	sg.			-		m9	
	1820 N.E.				. 100	-		L OF	温る
	() 101	•	OT acceptable)		22462			10	žm Ž
-	North Mia						·		
The street address as changed will be	ss of its registered be identical.	d office and	the street a	ddress o	f the busi	ness of	ffice of its re	egistered ago	ent,
Such change was authorized by the	s authorized by re	esolution du	ily adopted	by its bo	ard of dir	ectors	or by an off	icer so	
一种	e of an officer or direct			A Re	()		I hame and title)	\geq	L
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment of comply with the last familiar will am familiar will filed merely to been notified in	as registere provisions ith and according reflect a ch writing of th	d agent and of all statu opt the oblivitange in the is change.	l agree to tes relati gation of register	act in the ve to the my positied office to	is capa proper on as s addres	acity. and complete and comple	ete performa gent. Or, if confirm that	ince this the
(Sigr	Mature of Registered As	A chil	<u> </u>		<u></u>	(Dat	1/9/04	<u>-</u>	_
If signing on beh	alf of an entity:								
ERIC	P. STEI	N, ES6	<u> </u>		_ ••				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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