P04000146715

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

Office Use Only



500111226655

10/25/07--01027--005 **35.00

Cheose

2007 OCT 25 AH 8: 4:

ADP 107

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 6 MDO FLOHION REAL ESTATE (Name of Corporation)
PRUMBALTIE
DOCUMENT NUMBER: P6400/46715.
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:
$\int_{0}^{\infty} \int_{0}^{\infty} \int_{0$
(Name of Contact Person)
(Name of Contact Person)
Ω
(BRAND FLORIDA REAL ESTATE.
(Firm/Company)
72702W 17 ST. SUITE # 300
(Address)
MIAMI FC, 33175 (City/State and Zip Code)
For further information concerning this matter, please call:
RO/ANDO CESPECE at (305) 599-7660 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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

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 luws of the State of FLORIOA. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: GMND FLORIDA REAL ESTATE, COPO.
2. The principal office address: 7270 NW 1257. SUITE # 300. HIAM, FLOXIOA. 33120
3. The mailing address (if different):
4. Date of incorporation/qualification: 10-75-2004. Document number: 104000/46715.
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: U/DETA V/A.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): ROLLIO CESPEDES. 7270 NW RST. SUITE # 300. (P.O. Box NOT acceptable) HIAU TOURSA, 33176
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.
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. 10-27-07 (Date) (Date
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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