P0500000687A

(Requestor's Name)			
(Address)	600158338526		
(Address)			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	09/24/0901005015 **35.00		
(Document Number)			
Certified Copies Certificates of Status #	FIL 09 SEP 24 TALLAHASSEE,		
Special Instructions to Filing Officer:	FILED 24 AMII: 04 SSEE, FLORIDA		
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COVER LETTER

TO: Amendmen Division of	at Section Corporations	·				
SUBJECT:	NORTH TAMPA REAL E					
DOCUMENT NU	MBER: P05	000006872				
The enclosed Stater	nent of Change of Registered Offic	e/Agent and fee are submitted for filing.				
Please return all cor	respondence concerning this matte	r to the following:				
•		Ç				
_		a Garcia				
	Name of Co	ntact Person				
		I Estate Company				
	Timber	ompany				
	11255 S.W.	211 Avenue				
	Add					
	Miami, F	L 33189				
•	City/State and Zip Code					
_	E-mail address: (to be used for f	uture annual report notification)				
For further informat	tion concerning this matter, please of	call:				
1	₋odoiska Garcia	205				
	e of Contact Person	at (305) 278-0200, ext. 1023 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00	check made payable to the Depart	tment of State.				
	Mailing Address:	Street Address:				
	Amendment Section	Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
		1 ananassee, 1 L 3230 I				

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

statement of cha	nge is submitted for a co	rporation organized	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida	
1. The name of	the corporation: NORT	H TAMPA RI	EAL ESTATE COM	MPANY	
	office address: 11255				
3. The mailing a	ddress (if different):			· · · · · · · · · · · · · · · · · · ·	
4. Date of incorp	poration/qualification:	4/27/2007	Document number:	P0500000687	72
	I street address of the current of State: (If resigne		at and registered office on f	île with the	
	Maria Cariaga			<u></u>	
	11255 S.W. 211th	Street			
	Miami, FL 33189			TAS	•
6. The name and (if changed):	l street address of the new	registered agent (i	f changed) and /or register	09 SEP 24 SECRETAR ALLAHASS	<u> </u>
	Mark A. Romance				
	201 S. Biscayne Bo			AM II: U4 OF STATE E, FLORIC	: 0
	Miami, FL 33131	P.O. Box NOT ac	ceptable	TE A	•
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business offic	e of its registered ag	ent,
1 / 1			y its board of directors or ed in writing of the chang		
/	e of an officer or director		Printed or typed nan		Éc.
of my duties, and document is bei	the appointment as regito comply with the provided I am familiar with and any filed merely to reflect been notified in writing	sions of all statute l accept the obliga t a change in the r	gree to act in this capaci s relative to the proper ar tion of my position as reg egistered office address, i	ty. id complete performe istered agent. Or, if hereby confirm that	ince this the
_/Vh	Kleer		5/24/0	9	_
	nature of Registered Agent half of an entity:		Date		
	···· ···· · ·	·			
T	yped or Printed Name				

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