P05000076560

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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SECRETARY OF STATE
ARECARIASSEE, FLORIDA

RAChanse Newis 12/19/07

COVER LETTER

	nent Section of Corporations					
SUBJECT:	Bermuda Estates, Inc. (Name of Con	poration)				
DOCUMENT N	TUMBER: P05000076560					
The enclosed Sta	tement of Change of Registered Office/	Agent and fee are submitted for filing.				
Please return all	correspondence concerning this matter t	o the following:				
	Mitchell B. Kirschner, Esq.					
(Name of Contact Person)						
Mitchell B. Kirschner, P.A.						
(Firm/Company)						
1515 North Federal Highway, Suite 314						
(Address)						
	Boca Raton, FL 33432					
	(City/State and Zip Code)					
For further infor	mation concerning this matter, please ca	dl:				
	Kirschner, Esq. Name of Contact Person)	at (561) 347-0000 (Area Code & Daytime Telephone Number)				
Enclosed is a \$3	5.00 check made payable to the Depart	nent 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

statement of chan	ge is submitted for	a corporation organ	02, 607.1508, or 617.1508, Flow Dized under the laws of the State Dered agent, or both, in the State	e of Florida		
1. The name of th	e corporation.	Bermuda Estate	s, Inc.			
2. The principal office address: 1515 North Federal Highway, Suite 306 Boca Raton, FL 33432						
3. The mailing ad	dress (if different)					
4. Date of incorpo	oration/qualification	n: 5/25/05	Document number:	P05000076560		
5. The name and : Florida Depart		e current registered	agent and registered office on fi	ile with the		
	HRAWG C	orp.		_ =		
•	1801 North Military Trail, Suite 200					
•	Boca Ra	ton, FL 33431	•	一额		
6. The name and (if changed):	street address of th	ne new registered age	ent (if changed) and /or register	Ed office F. F. Con ed office		
Mitchell B. Kirschner, P.A.						
	1515 North Federal Highway, Suite 314					
	(P.O. Box NOT acceptable) Boca Raton, FL 33432					
	DOCA N	3011, FL 30432				
The street address changed will	ss of its registered be identical.	office and the stree	et address of the business offic	e of its registered agent,		
Such change was	s authorized by re e board, or the co	solution duly adopt poration has been i	ed by its board of directors or notified in writing of the chang	by an officer so ge.		
me a	re of an officer or director		Mark A. Gensheim			
` •		•	(Printed or typed na and agree to act in this capaci atutes relative to the proper a bligation of my position as reg the registered office address, ge.	•		
<i>I) I/I I/X</i>			10/29/07			
	nature of itersteled Ag half of an entity:	ent)	(Date)			
Mitchell B.	Kirschner yped or Printed Name)					

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

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