## P05000099105

| (Re                                     | equestor's Name)   |      |
|---|--------------------|------|
| /6.4                                    | dress)             |      |
| (A0                                     | uiess)             |      |
| (Ad                                     | ldress)            |      |
| (Cit                                    | ty/State/Zip/Phone | e #) |
| PICK-UP                                 | ☐ WAIT             | MAIL |
| (Bu                                     | isiness Entity Nar | me)  |
| /Do                                     | ocument Number)    |      |
| (DC                                     | cument Number)     |      |
| Certified Copies Certificates of Status |                    |      |
|   |                    |      |
| Special Instructions to                 | Filing Officer:    |      |
|   |                    |      |
|   |                    |      |
|   |                    |      |
|   |                    |      |
|   |                    |      |



Rolch8 10.9.07



900110200559

10/03/07--01015--003 \*\*35.00

SECRETARY OF STATE ATTIONS OF OTOCI -3 AMII: 47



RONALD A. CHRISTALDI (813) 221-7152 rchristaldi@slk-law.com

Bank of America Plaza 101 East Kennedy Boulevard 813.229.1660 fax Suite 2800

813.229.7600

Tampa, Florida 33602

www.slk-law.com

October 1, 2007

**Division of Corporations** Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Re:

Alps Property Acquisition and Management Company

Date of Incorporation: July 14, 2005 Document Number P05000099705 Change of Address of Registered Office

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations, which is submitted in order to change the address of the registered office for the above-referenced corporation. Also enclosed is Shumaker, Loop & Kendrick's Check Number 81062 payable to the Florida Department of State in the amount of \$35.00 to cover the fee for this change. Thank you for your attention to this matter.

Sincerel

Ronald A. Christaldi

RAC/jar Enclosures (2)

cc: Dr. Aldo A. Laghi

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

| statement of ch              | e 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 ler to change its registered office or registered agent, or both, in the State of Florida.  |
|------------------------------|---|
|                              | the corporation: Alps Property Acquisition and Management Company   |
|                              | l office address: 2895 42nd Avenue North, St. Petersburg, FL 33714  |
| 3. The mailing               | address (if different):   |
| 4. Date of incom             | rporation/qualification: 07/14/2005 Document number: P05000099705   |
|                              | nd street address of the current registered agent and registered office on file with the artment of State:  |
|                              | Ronald A. Christaldi  |
|                              | 101 E. Kennedy Blvd., Suite 3400  |
|                              | Tampa, FL 33602   |
| 6. The name an (if changed): | 101 E. Kennedy Blvd., Suite 3400  Tampa, FL 33602  ad street address of the new registered agent (if changed) and /or registered office  Ronald A. Christaldi  101 E. Kennedy Blvd. Suite 2800  |
|                              | Ronald A. Christaldi  |
|                              | 101 E. Kennedy Blvd., Suite 2800  |
|                              | (P.O. Box NOT acceptable)  Tampa, FL 33602  |
| / /\ N                       | ress of its registered office and the street address of the business office of its registered agent, libe identical.  Assauthorized by resolution duly adopted by its board of directors or by an officer so the board, for the corporation has been notified in writing of the change.   |
|                              | Aldo A. Laghi  (Printed or typed name and title)  |
| $-/W_{(S)}$                  | the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and am familiar with and accept the obligation of my position as registered agent. Or, if this ging filed merely to reflect a change in the registered office address, I hereby confirm that the as freen notified in writing of this change. |
| tt signing on o              | chair of an chirty.   |
| -                            | (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 \* \* \*