Po5000125295

(Re	questor's Name)				
(Add	dress)				
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,		ACCOUNT NO.			:				
			REFI	ERENCE	:	8707	39	7575231	
•		AUTI	ORIZ	ZATION	:	Syn	ilsole	nan	,
		(COST	LIMIT	:	\$ 35	00ب		
ORDER	DATE :	April	26,	2007	-				
ORDER	TIME :	11:54	AM						
ORDER	NO. :	870739	-035	5					
CUSTOM	ER NO:	757	75231	L				,	
						- -			
CHANGE OF AGENT									
	NAME:	MAZ	LTV	18 COR	Ρ.				
						,			
PLEASE	RETURN	THE FO	LLOV	VING AS	PR	OOF O	F FILI	NG:	
XX	_ CERTII _ PLAIN	FIED CO STAMPE		PY					
CONTAC	T PERSOI	N: Kat	hy I	Orake -	- E	XT# 2	959		•
						EΥΛΜ	TNED.		

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

statement of cha	nge is submitte	ections 607.0502, 617. d for a corporation or registered office or re	ganized under the la	ws of the Stat	te of Florida	, this	
1. The name of t	he corporation:	MAZLTV 18 CORP					
2. The principal	office address:	2223 Pembroke Road			ى ح		1
Hollywood, F	L 33020				7.7	3 3	$\overline{\mathbf{x}}$
3. The mailing a	ddress (if differ	rent):				250 A) Pk
4. Date of incorp	oration/qualific	cation: September 12,	2005 Document	number: P0:	5000125295	\$10°	F.
	street address tment of State:	of the current registere	ed agent and register	ed office on f	ile with the	ORIOR	, To
	Barry Barak						
	2223 Pembroke	e Road			···		
	Hollywood, FI	L 33020					
6. The name and (if changed):	street address	of the new registered a	agent (if changed) ar	nd /or register	ed office		
	Corporation Se	ervice Company					
	1201 Hays Stre	eet					
		(P.O. Box NOT accept	table)				
	Tallahassee, FI	L 32301					
The street addre as changed will	ss of its registe be identical.	ered office and the str	eet address of the b	usiness office	e of its regist	ered agent	., 1
Such change wa authorized by th	s authorized be board, or the	y resolution duly ado corporation has been	pted by its board of a notified in writing	directors or of the chang	by an officer	;;so	
- Signatur	of an officer or di	rector)	BARRY	BARI inted or typed nar	TK 1	RES	
I further agrée t of my duties, an document is beil corporation has	o comply with d I am familian ng filed merely been notified	nt as registered agen the provisions of all . r with and accept the to reflect a change i. in writing of this cha	statutes relative to t obligation of my po n the registered offi	this capacit he proper an sition as reg ce address, T	ty. id complete p istered ageni hereby confi	performance t. Or, if the irm that the	e is e
Ву: Л	Service Compa	Clarker		4-2-	7-07		
If signing on bel	-	U		(- ***)			
Michelle R. Vanr	oy, Asst. V.P.						
(T	yped or Printed Nan	ne)					

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

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

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