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(((H07000247374 3)))



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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name

: JONATHAN JAMES DAMONTE, CHARTERED

Phone

Account Number : 120060000006 : (727)586-2889

Fax Number

: {727}581-0922

REGISTERED AGENT CHANGE

PALM OF MADEIRA RESORT CONDO, INC.

Certificate of Status	0
Certified Copy	0
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COVER LETTER

SUBJECT: PALM OF MADEIRA RESORT CONDO, INC. (Name of Corporation) DOCUMENT NUMBER: P05000142556 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: JONATHAN JAMES DAMONTE (Name of Contact Person) JONATHAN JAMES DAMONTE, CHARTERED (Firm/Company) 12110 Seminole Blvd.									
DOCUMENT NUMBER: P05000142556 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: JONATHAN JAMES DAMONTE (Name of Contact Person)									
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(Name of Contact Person) JONATHAN JAMES DAMONTE, CHARTERED (Firm/Company)									
(Name of Contact Person) JONATHAN JAMES DAMONTE, CHARTERED (Firm/Company)									
JONATHAN JAMES DAMONTE, CHARTERED (Firm/Company)									
(Firm/Company)									
(Firm/Company)									
19110 Combola Nivo									
(Address)									
Largo, FL 33778									
(City/State and Zip Code)									
For further information concerning this matter, please call:									
Jonathan James Damonte at (727) 586-2889 (Name of Contact Person) (Area Code & Daytime Telephone Number)									
(Name of Confact Ferson) (Area Code & Daytime Telephone Number)									
Enclosed is a \$35.00 check made payable to the Department of State.									
·									
Mailing Address: Street Address:									
Amendment Section Amendment Section Division of Compositions Division of Compositions									
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building									
Tallahassee, FL 32314 2661 Executive Center Circle									
Tallahassee, FL 32301									

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

statement of cha	ange is submitted ;	for a corporation or	0502, 607.1508, or 617 ganized under the laws gistered agent, or both,	of the State of Fl	orida			
1. The name of	the corporation:	Palm of Madei	ra Resort Condo	Inc.				
2. The principal office address: 11600 - 4th Street E.								
		Treasure lela	and, FL 33706					
3. The mailing a	address (if differer	it):						
4. Date of incorp	poration/qualifica	tion: <u>10/19/05</u>	Document nu	mber: <u>P050001</u>	42556			
5. The name and Florida Depar	d street address of riment of State:	the current registere	d agent and registered o	office on file with th	16			
	DAVID STARU	CH -	· · · · · · · · · · · · · · · · · · ·	****				
	11600 - 4th	Street E.						
	Treasure Is	land. FL 8370	16		₹:.	-	,	
6. The name and (if changed):	d street address of	the new registered a	gent (if changed) and /	or registered office		07 OCT	וד	
	JONATHAN JA	MES DAMONTE, C	HARTERED		SS	4		
	12110 Semin	The state of the s			بر الد هوي	⊋	M O	
		(P.O. Box NOT accepte	able)		107 718	င္မာ		
	Largo, FL	33778			ē E	28		
	1		eet address of the busin					
Such change was	s authorized by a le board, or the o		pted by its board of dir notified in writing of					
/ \/ `` \\	Applet an other or direc	(or)	DAVID STARUCI	I. President.	Secret and Di	ary,	Transurer	
hereby accept I further agreed of my duties, an accument is bei corporation has	the appointment to comply with the d I am familiar wing filed merely to a been notified in MES DAMONTE.	as registered agent e provisions of all s vith and accept the c o reflect a change in company this chan	and agree to act in the tatutes relative to the jobligation of my position the registered office of the control of the registered office of the control of t	is capacity. proper and comple on as registered as address, I hereby c	te perfor tent. Or onfirm th	mance if this lat the	.	
JUNATHAN JA	MES DAMONIE,	- CHARLENED	_ OT. 4,	200				
Jonathan Ja	mathre of Registered A			(Date)	•			
If sighing on be	half of an entity:							
Variotics.	يتم الرسم	- Cr						
(1	(yped od 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
CR2E045 (8/05)