P06000013854

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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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SECRETARY OF STATE
AHASSEF, FLORID.

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COVER LETTER

Division of Corporations				
SUBJECT: Coral Terrace Apartments, Inc (Name of Corporation)				
DOCUMENT NUMBER: P06000013854				
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:				
Eduardo E. Pozo				
(Name of Contact Person)				
(Firm/Company)				
9260 Sunset Drive, Suite 119				
(Address)				
Miami, Florida 33173 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Eduardo E. Pozo at (305) 412-7262 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department 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 cha	provisions of sections 607.0502, 617.0502, onge is submitted for a corporation organize or to change its registered office or registered	ed under the laws of the State of <u>F</u>	lorida
1. The name of t	the corporation: Coral Terrace Apartmen	its, Inc	
2. The principal	office address: 9260 Sunset Drive, Suite	119, Miami, Florida 33173	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 01/27/2006	Document number: P060000	13854
	I street address of the current registered ager tment of State:	nt and registered office on file with	ı the
	Eduardo E. Pozo		,
	8000 West Flagler Street, Sui	te 203	8
	Miami, Florida 33144		
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic	-9 PR
	Eduardo E. Pozo	<u> </u>	
	9260 Sunset Drive, Suite 119 (P.O. Box NOT acceptable)	. 5	
	Miami, Florida 33173		
The street addre	ess of its registered office and the street adbe identified.	dress of the business office of its	registered agent,
	as pathorized by resolution duly adopted be board, of the corporation has been notifi		
(Signatu	ire of an officer or director)	Eduardo E. Pozo (Printed or typed name and lit	le)
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga ng filed merely to reflect a change in the r speen notified in yriting of this change.	agree to act in this capacity, as relative to the proper and comp ation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the
		06/05/06 (Date)	
	chalf of an entity:	. (Date)	
Transfirm Solve	À		
	Typed or Printed Name)		

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

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