POWWA 1851

(Requestor's Name)	
(Address)	700
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	. 05/
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	_

Office Use Only



700246951197

05/02/13--01026--027 **35.00

13 HAY -2 AH II: 52 SECRETARY OF STALE

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
P06000021854

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:

Lodoiska Garcia

Name of Contact Person

NW Miami Real Estate, Inc

Firm/Company

11255 SW 211th Street

Address

Miami, FI - 33189

City/State and Zip Code

julianaalbino@americancare.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lodoiska Garcia

305 278 0200 ext 1034

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, inge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of	Florida	-
 The name of The principal 	the corporation: NW Miami Real Es office address: 11255 SW 211th St	state, Inc reet Miami, FI - 33189		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 02/14/2006	Document number: P0600	00021854	
5. The name and	d street address of the current registered ag rtment of State: (If resigned, enter resigned		ith the	
	Romance, Mark A			
	201 S. Biscayne Blvd, Suite 1	000		
	Miami, FI 33131			
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered of	13 HAY -	
	Romance, Mark A		(A) (A)	्रम्भाव्यः '
	396 Alhambra Circle North To		AH U	
	Miami, Florida 33134	cceptable	AGRACA STATE	2400
The street address changes will	ess of its registered office and the street a be identical.	ddress of the business office of i	ts registered age	nt,
	as authorized by resolution duly adopted less board, or the corporation has been noti			
$() \setminus ($	Mux/ Olo	Lodoiska Garcia	VPSD	_
I hereby accept I further agree performance of agent. Or, if the	the appointment as registered agent and to comply with the provisions of all statut my duties, and I am familiar with and ac is document is being filed merely to reflec that the corporation has been notified in	Printed or typed name and ti agree to act in this capacity. tes relative to the proper and cor cept the obligation of my positio ct a change in the registered offi- writing of this change.		
Ihh 1		04/03/2013		
Sig	nature of Registered Agent	Date		-
If signing on be	ehalf of an entity:			
	yped or Printed Name			

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