## P06080021855

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SECRETARY OF STATE
ALLEANASSEE, FLORIDA

R.A. Charge

**C.COULLIETTE** 

JUL 0 7 2009

**EXAMINER** 

## COVER LETTER

TO: Amendme Division o	nt Section f Corporations				
SUBJECT:	BWD REAL EST Name of Co				
DOCUMENT NU	mber: P060	00021855			
The enclosed State	ment of Change of Registered Office	Agent and fee are submitted for filing.			
Please return all co	arn all correspondence concerning this matter to the following:				
	Lodoiska Name of Con				
BWD Real Estate, Inc. Firm/Company					
	11255 S.W. 2				
	Addr	ess			
Miami, FL 33189 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further informa	ation concerning this matter, please c	all:			
	Lodoiska Garcia	at ( 305 ) 278-0200, ext. 1023 Area Code & Daytime-Telephone Number			
Nai	me 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			

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation; BWD REAL ESTATE, INC.	
2. The principal	office address: 11255 S.W. 211 Street, Miami, FL 33189	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 2/14/2006 Document number: P06000021855	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Lodoiska Garcia	
	11255 S.W. 211th Street	
	Mami, FL 33189	i H
6. The name and (if changed):	Mami, FL 33189  I street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and a street address of the new registered agent (if changed) and /or registered office and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed	2000
	Mark A. Romance	ز
	201 S. Biscayne Boulevard, Suite 1000	
	P.O. Box NOT acceptable  Miami, FL 33131	
1 /3	ess of its registered office and the street address of the business office of its registered agent, be identical.	,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the comporation has been notified in writing of the change.	
/	e of an officer or direction with the country of th	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance at lam familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	e s ?
Sign	Address 5/26/09	
If signing on bel	half of an entity:	
Ту	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)