P06000047072

(Requestor's Name) (Address)	40008236			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	12/15/0601			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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	Dallan			
	1 XXI WIW			

Office Use Only



3214

025--022 **35.00

COVER LETTER

SUBJECT: Multinational Realty Corp. (Name of Corporation)								
DOCUMENT NUMBER: P06000047072								
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:								
Marc Schnoll, CPA (Name of Contact)	et Person)							
(
Sexton & Schnoll (Firm/Company)								
4432 NW 23rd Avenue, Suite 8 (Address)								
Gainesville, Florida 32606	•							
(City/State and Z	Zip Code)							
For further information concerning this matter, please call:								
Cecelia Burris (Name of Contact Person)	at (352) 336-1001 (Area Code & Daytime Telephone Number)							
Enclosed is a \$35.00 check made payable to the Department	nt 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							

i TO:

Amendment Section Division of Corporations

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

statement of char	provisions of section nge is submitted for r to change its regis	a corporation or	ganized under	the laws o	f the State	of FL		<u>A</u> .
	he corporation:		_	1	a/hv	Corp.		
2. The principal of	office address:	4509 GN	VW 23	RD ;	pc 32606	, Ste	<u></u>	
3. The mailing ad	ddress (if different)		Sam-	e				
4. Date of incorpo	oration/qualification	on: 4/3/E) <u>6</u> Docu	ment num	ber: <u><i>P0</i></u>	60000	470	172
5. The name and Florida Depart	street address of the	e current register	ed agent and re	gistered of	ffice on fil	e with the		
	RV	noda.	lalad	ua				
-	11	27 NW ewberry	132106	9		IAI	0	
6. The name and (if changed):	street address of th	7	-	ed) and /or	registere	d office A	6 DEC 1	
(ii changeu).	Rhode	a Gra	ciela	M	<u> = 6/</u>	SEP OF	5 PH	
	450	(P.O. Box NOT accep	•	Auc,	Ste (STATE LORIDA	=	
The street address		office and the st	<u>-</u>	3260 the busin	6	afita ragista	rad aga	nt
=	ss of its registered be identical.							111,
Such change was authorized by the	s authorized by rese board, or the cor	solution duly ado poration has been						
Variation	alanno		.RH	ODA GM	CIELA	McGLYNN,	PKE	} .
VSignatur	e of all officer or director	()			or typed name			
I hereby accept to I further agree to of my duties, and document is bein corporation has to the corporation has to the corporation of the corporation has to the corporation has the corporation had been decorporated as the corporation has the corporation had been decorporated as the corporated as	the appointment as o comply with the d I am familiar wit ng filed merely to r been notified in w	s registered agen provisions of all h and accept the eflect a change i riting of this cha	t and agree to statutes relativ obligation of n n the registered nge.	act in this he to the po ny position d office ac	capacity roper and n as regis ddress, Th	l complete pe stered agent. nereby confir	rforma Or, if t m that t	nce his he
/ () Lying	calyn			12/13/	16			
∫ ∫ Sign	nature of Registered Age	nt)	-	<u> </u>	(Date)			-
If signing on beh	nalf of an entity:							
RhoDA	Graciela yped or Printed Name)	M=61/yN.	N			٠.		

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