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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALA RAPMON

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LESS THAN 2 ACRES JNC. (Name of Corporation)
DOCUMENT NUMBER: P 06 0000 5 343
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:
TENNIETA ARTIZ
(Name of Contact Person)
LESS THAN 2 ACRES INC. (Firm/Company)
4852 PALM BEACH BLUS (Address)
FT. MYEAR, FL 33905 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (237) 936-0045 (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

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	a corporation of	organized un	der th	ne laws of the	State of	FLORI		-
1. The name of the corporation:	LEST	THAN	2	ACAKS	INC.			
2. The principal office address: 4		PAL	m	BEACH	BLVD			
	FORT	- my	ens	FL	3390	5		
3. The mailing address (if different):						<u></u>		
4. Date of incorporation/qualificatio	n: <u>4-11-01</u>	<u>'</u>	ocun	nent number:	P 06	00005		3
5. The name and street address of th Florida Department of State:	e current registe	red agent an	d regi	stered office	on file with	the		
R	ODENICK	1 . a.	na	EUD				
	345 F	at i da	CT					
/	ET. MYEN	i, FC		3701				
6. The name and street address of the (if changed):	· ·	•	·	, ,				
	TENNIPER 4F52 (P.O. Box NOT acco	ORTI	1					
	4852 1	PALM BA	ACL	A BLUD		∓SS	90	
 	(P.O. Box NOT acco	eptable)		- , <i>2</i> 0		CRI	Z.	
							1 A0	
The street address of its registered as changed will be identical.	office and the s	treet address	s of tl	he business o	office of its	registere	d Gg en	Щ.
Such change was authorized by reauthorized by the board or the co	solution duly ad poration has be	lopted by its en notified i	boar n wri	d of directors ting of the cl	s or by an onange.	OS ASSI	京	
x leuns &			ت	(Printed or type	ORTI	7 <u>5</u> 2	<u> </u>	_
Asignature of an officer or director Thereby accept the ampointment as		nt and avre						
I hereby accept the appointment as I further agree to comply with the p of my duties, and I am familiar with document is being filed hierely to r corporation has been notified in w	provisions of all h and accept the eflect a change riting of this ch	l statutes rei e obligation in the regis ange.	ative of m tered	to the prope y position as office addre	r and comp registered ss, I hereby	olete perf agent. C confirm	orman r, if th that th	ce iis ie
~ (Xlms) =	AUT							
(Signature of Register d Ager	11)			10 - 10 (Da	ite)			•
If signing on behalf of an entity:								
, , , , , , , , , , , , , , , , , , , ,								
(Typed or Printed Name)								

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