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SECRETARY OF STATE
ANASSEE, FLORID

C.COULLIETTE
JUL 07 2009

EXAMINER

COVER LETTER

TO:	Amendme Division o	nt Section f Corporations					
SUBJE	CT:	MIRAMAR	REAL PROPE Name of Corpora	RTIES, INC)		
DOCU	MENT NU	MBER:	P070000	00662			
The end	closed State	ment of Change of Re	gistered Office/Ager	nt and fee are su	bmitted for filing.		
Please 1	eturn all co	rrespondence concern	ing this matter to the	following:			
Lodoiska Garcia Name of Contact Person							
		Mir	amar Real Prope		·		
			Firm/Compan	у			
11255 S.W. 211 Avenue							
			Address				
	Miami, FL 33189 City/State and Zip Code						
			·				
	E-mail address: (to be used for future annual report notification)						
For furt	her informa	ation concerning this r	natter, please call:				
		Lodoiska Garcia	at (305)	278-0200, ext. 1023		
	Na	me of Contact Person		Area Code & D	278-0200, ext. 1023 Paytime Telephone Number		
Enclose	ed is a \$35.0	00 check made payable	e to the Department of	of State.			
		Mailing Addres Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Clifton Bu 2661 Exec	nt Section f Corporations		

CR2E045 (8/05)

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

•	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this	
	nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.		•
1. The name of the	ne corporation: MIRAMAR REAL PROPERTIES, INC.		
2. The principal o	office address: 11255 S.W. 211 Street, Miami, FL 33189		
3. The mailing add	ldress (if different):		
4. Date of incorpo	oration/qualification: 1/02/2007 Document number: P07000	000662	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)		
<u>.</u>	Jøse E. Garcia, Jr.		
-	11255 S.W. 211th Street		
<u>!</u>	Miami, FL 33189 ₹	0	
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office	05 NUL 60	Persons
<u>!</u>	Mark A. Romance	=	'n
<u> 2</u>	201 S. Biscayne Boulevard, Suite 1000	ထဲ	O
	P.O. Box NOT acceptable	1	
_	Mami, FL 33131 \$7	•	
(7)	ss of its registered office and the street address of the business office of its registered dentical.		t,
authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer se board, or the corporation has been notified in writing of the change.	io	
Signature of	of an object or director Printed or typed name and title	<u> EC.</u>	
Thereby accept the further agree to of my duties, and document is being corporation has b	he appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete per a lam familiar with and accept the obligation of my position as registered agent, is filed merely to reflect a change in the registered office address, I hereby confir been notified in writing of this change.	rformand Or, if the m that th	ce is ie
Signal	S/26/09 Sture of Registered Agent Date		
If signing on beha	nalf of an entity:		
Тур	ped or Printed Name		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)