

PI00000045785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

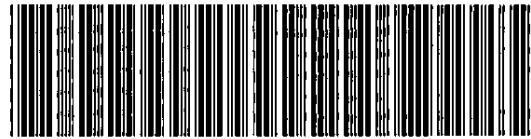
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① 11/53/10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PGA Concourse Plaza, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000085785

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:

Donna McDonald  
Name of Contact Person

Capital Realty Advisors, Inc.  
Firm/Company

600 Sandtree Drive, Suite 109  
Address

Palm Beach Gardens, FL 33403  
City/State and Zip Code

cluce@capitalrealtyadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna McDonald at ( 561 ) 624-5888  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

NOV 15 2010

November 10, 2010

DONNA MCDONALD  
CAPITAL REALTY ADVISORS, INC.  
600 SANDTREE DRIVE - SUITE 109  
PALM BEACH GARDENS, FL 33403

SUBJECT: PGA CONCOURSE PLAZA, INC.  
Ref. Number: P10000085785

We have received your document for PGA CONCOURSE PLAZA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 410A00026436

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PGA CONCOURSE PLAZA, INC.
2. The principal office address: 600 Sandtree Drive, Suite 109, Palm Beach Gardens, FL 33403
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/19/2010 Document number: P10000085785

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brian Friedman

117 St. Martin Drive

Palm Beach Gardens, FL 33418

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Donna McDonald c/o Capital Realty Advisors, Inc.

600 Sandtree Drive, Suite 109

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33403

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10 NOV 22 PM 2:12

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Brian Friedman PRESIDENT

Signature of an officer or director

Brian Friedman, PRESIDENT

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Donna McDonald

Signature of Registered Agent

11/19/10

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed 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