

PK 0000 29727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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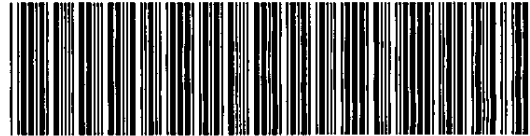
(Business Entity Name)

(Document Number)

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WILLOW GRACE BROWN, P.A.
Name of Corporation

DOCUMENT NUMBER: CP 575 A; EMPLOYER ID#: 47-3710317

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:

WILLOW GRACE BROWN
Name of Contact Person

EWM REALTY INTERNATIONAL
Firm/Company

550 S. DIXIE HWY., 2ND FL.
Address

CORAL GABLES, FL. 33146
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLOW GRACE BROWN at (305) 335.9909
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

**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: WILLOW GRACE BROWN, P.A.
2. The principal office address: EWM REALTY INTERNATIONAL,
550 S. DIXIE HWY., 2ND FL, CORAL GABLES, FL 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4.17.15 Document number: CP 575A EMPLOYER ID#: 47-3710317

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)

THE COMPANY CORP.
2825 N. UNIVERSITY DR., SUITE 250
CORAL SPRINGS, FL. 33065

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

WILLOW GRACE BROWN
521 ARAGON AVENUE
P.O. Box NOT acceptable
CORAL GABLES, FL. 33134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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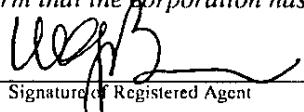
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

WILLOW GRACE BROWN
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.


Signature of Registered Agent

10.29.15
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
CR2E045 (03/12)