P.93000047656

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP. WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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Rochans Thewis 1-25-11

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: HOLIDAY PARK PLA Name of Cor	2A TVC.	
DOCUMENT NUMBER: P93 ppp 4	7656	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
George A. Me	organ, Jr.	
Name of Conta	act Person	
Morgan Property Group, LLC Firm/Company		
rimi/Com	pany	
450 5 1 Ol Plut - Out - 700		
450 E. Las Olas B		
Fort Lauderdale	e. FL 33301	
City/State and Zip Code		
cfrye@morganpg.com		
E-mail address: (to be used for fut	ure annual report notification)	
`	•	
For further information concerning this matter, please cal	1:	
•		
Catherine Frye Name of Contact Person	at (704) 909-4507 Area Code & Daytime Telephone Number	
Name of Contact Felson	Alea Code & Daytime Telephone (Valido)	
Enclosed is a \$35.00 check made payable to the Department	ent of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
·	Tallahassee, FL 32301	

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

statement of cha	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.
1. The name of t	he corporation: HOLIDAY PARK PLAZA INC.
	office address: 450 E. Las Olas Blvd., Suite 730, Fort Lauderdale, FL 33301
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 04/30/1993 Document number: P93 64647650
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	George A. Morgan, Jr.
	300 S.E. Second Street, Suite 880
	Fort Lauderdale, FL 33301
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	400 L. Las Olas Diva., Oute 700
	P.O. Box NOT acceptable Fort Lauderdale, FL 33301
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	George A. Morgan, Jr. e of an officer or director Printed or typed name and title
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Drey Sig	nature of Registered Agent Date
If signing on be	half of an entity:
_66086E	E. A. MORGAN, JR. yped or Printed Name

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