P94000002561

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
<u> </u>				





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ASSEE, FLOREIN.

10/8/07

COVER LETTER

TO:	TO: Amendment Section Division of Corporations					
SUBJE	ECT: CRESCENT HEIGHTS XXXX, INC. (Name of Corpor.)	ation)				
DOCU	JMENT NUMBER: P94000002561					
The en	nclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	BONNIE HUDSON (Name of Contact)	Person)				
Crescent Heights of America, Inc.						
	(Firm/Company)					
2200 Biscayne Blvd. (Address)						
	(1111111)					
Miami, FL 33137						
	(City/State and Zip Code)					
For further information concerning this matter, please call:						
Bonnie	e Hudson at (Name of Contact Person)	(305) 374-5700 x 7257 (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

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Stati mized under the laws of the State of <u>FL</u> tered agent, or both, in the State of Flori	
1. The name of	the corporation: CRESCENT HEIGHTS	XXXX, INC.	
	office address: 2200 Biscayne Blvd.		
3. The mailing a	ddress (if different):		
4. Date of incor	poration/qualification: 1/11/94	Document number: P94000002	561
	d street address of the current registered tment of State:	agent and registered office on file with the	ne
	Sharon Christenbury, Esq.		O SE SE
	2930 Biscayne Blvd.		7 SEP
	Miami, FL 33137		P 28 TAR TAR
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	PR -:
	Sharon Christenbury, Esq.		RIO.
	2200 Biscayne Blvd.		1.5
	(P.O. Box NOT acceptab	le)	
as changed wil	ess of its registered office and the street be identical.	et address of the business office of its re	
authorized by t	he board of the corporation has been i	ed by its board of directors or by an of notified in writing of the change.	
Signature	ure at an officer or director)	Sharon Christenbury, Vice Pre (Printed or typed name and title)	
I further agree of my duties, ar document is be	the appointment as registered agent of the comply with the provisions of all stand I am familiar with and accept the oring filed merely to reflect a change in speep notified in writing of this change.	atutes relative to the proper and compl bligation of my position as registered a the registered office address, I hereby o	ete performance gent. Or, if this confirm that the
		9/05/07	
	gnature of Registered Agent)	(Date)	
It signing on be	chalf of an entity:		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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