P94000026836

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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies : : Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

Division of Co	ection orporations			
SUBJECT:	Alliance Property Mar	nagement & Realty of Corporation	Inc	
DOCUMENT NUME	BER: P	94000026836		
The enclosed Statemen	nt of Change of Registered O	ffice/Agent, and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:		
		•		
Lincoln Crone				
	Name of	Contact Person		
	Alliance Property N	lanagement & Decity	Inc	
Alliance Property Management & Realty Inc Firm/Company				
		1		
	5440 1st	Avenue North		
		Address		
St. Petersburg, FL 33710 City/State and Zip Code				
	City/Stat	e and Zip Code		
alliancepm@aol.com				
E-:	mail address: (to be used for	or future annual report n	otification)	
		•		
For further information	n concerning this matter, plea	se call:		
Li	ncoln Crone	at (727)	898-0000	
Name o	of Contact Person	Area Code & Da	898-0000 aytime Telephone Number	
Enclosed is a \$35.00 c	heck made payable to the De	partment of State.		
	Mailing Address: Amendment Section	Street Addr	ess:	
	Amendment Section Division of Corporations	Amendmen	t Section Corporations	
	Division of Corporations	יו ווטופועו	Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 statement of change is submitted for a corporation organize	d under the laws of the State of Florida
in order to change its registered office or registere	d agent, or both, in the State of Florida.
1. The name of the corporation: Alliance Prop	
2. The principal office address: 5440 1st Avenue North	h, St. Petersburg, FL 33710
	<u>:</u>
3. The mailing address (if different): PO Box 29, St. Pe	etersburg, FL 33731
	·
4. Date of incorporation/qualification:04/06/1994	Document number: P9400026836
5. The name and street address of the current registered ager Florida Department of State: (If resigned, enter resigned)	
Lincoln E. Crone II	
1027 Central Avenue	99
St. Petersburg, FL 33705	
6. The name and street address of the new registered agent (if changed):	(if changed) and /or registered office
Lincoln E. Crone II c/o Alliance	2: 0, 0
5440 1st Avenue North	
P.O. Box NOT a	occeptable
St. Petersburg, FL 33710	
The street address of its registered office and the street ac as changed will be identical.	ddress of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been noticed by the board.	by its board of directors or by an officer so fied in writing of the change.
Signature of an officer or director	Lincoln E. Crone II, President Printed or typed name and title
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statut of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Signature of Registered Agent	10/5/09
If signing on behalf of an entity:	Date
Lincoln E. Crone II 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 * * *