## 50000/359

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



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11/19/08--01019--001 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: PLAZA MARGE MOND SNOWD (Name of Corporation)
DOCUMENT NUMBER: 2950000 13599
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:
(Name of Contact Person)  (Name of Contact Person)  (Name of Contact Person)  (Firm/Company)  (Firm/Company)  (Address)  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person)  at (117) 860-5339  (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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PLAZA MANAGENOW 6 WWR. P.A.
2. The principal office address: US Thuy 19 SUITE 3
Day Ruches 19 34668
3. The mailing address (if different):
P.O. DOX 430, PON Michay PL 34673-0430
4. Date of incorporation/qualification: 2/17/95 Document number: P95000013599
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)
Denise Totows
10386 LAKEUIEW
700000000000000000000000000000000000000
New port ruches of 34654
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Danies There is
1010003 3 PM
10220 US HWY 19 SUITE 301 = 32
(P.O. Box NOT acceptable)
- Port Michay 17 34668 = 30
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.
andiorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director)  Devise Totals  (Printed or typed name and title)
11 7
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am tamiliar with and accept the obligation of my position of registered accept. Or if this
I herely 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.
corporation has been aphilied in writing of this change.
(1/17/08)
(Signature of Registered Agent) (Date)
It signing on behalf of an entity:
alkfisaldkfi
(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 (8/05)