

P97000023742

Requestor's Name

Pro-Realty Trust Services  
P.O. Box 901709  
Homestead, Florida 33090-1709

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

**FILED**  
98 FEB 12 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-02/04/98--01050--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

See 2/12



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 5, 1998

PRO-REALTY TRUST SERVICES  
P.O. BOX 901709  
HOMESTEAD, FL 33090-1709

SUBJECT: PERISSIEN HOLDINGS CORP.  
Ref. Number: P97000023742

We have received your document for PERISSIEN HOLDINGS CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 598A00006650

Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office and registered agent in the State of Florida.

1. The name of the corporation is: **PERISSIEN HOLDINGS CORP.**
2. The mailing address of the corporation is: **3116 N. Federal Highway, Suite 373, Light House Point, Florida 33064**
3. Date of incorporation/qualification: **March 17, 1997. Documents P97000023742**
4. The name and address of the current registered agent and office:

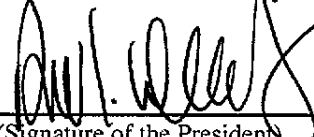
**Philip L. Schwartz, Esq.  
517 SW First Avenue  
Ft. Lauderdale, FL 33301**

5. The name and address of the new registered agent and office:

**Mark Steinberg, Esq.  
9719 S. Dixie Highway, Suite 17#  
Miami, FL 33156**

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.

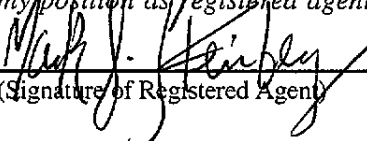
  
\_\_\_\_\_  
(Signature of the President)

1-27-98  
\_\_\_\_\_  
(Date approved)

Donald L. Wollard, Jr., President  
\_\_\_\_\_  
(Typed name and title)

\_\_\_\_\_  
(Date)

*Having been named as registered agent and to accept service of process for the above stated corporation. 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.*

  
\_\_\_\_\_  
(Signature of Registered Agent)

1-27-98  
\_\_\_\_\_  
(Date)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA