## P98000030489

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

| SUBJECT: 621 183rd Inc. (Name of corporation)   |
|---|
| DOCUMENT NUMBER: P98000030489   |
| 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:                               |
| Richard S. Pillinger, Esq. (Name of person)   |
| Richard S. Pillinger, P.A. (Name of firm/dompany)   |
| 3300 University Drive Suite 901 (Address)   |
| Coral Springs FL 33065 (City/state and zip code)  |
| For further information concerning this matter, please call:  |
| Richard S. Pillinger at (954) 755-5199 (Name of person) at (954) (Area code & daytime telephone number) |

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Enclosed is a \$35.00 check made payable to the Department of State.

CR2E045(07/02)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

## 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  |  |  |
| Florida in order to change its registered office or registered agent, or both, in the State   |  |  |
| of Florida.   |  |  |
| 1. The name of the corporation: 621 183rd, Inc.   |  |  |
| 2. The principal office address: 12000 N. Bayshave Drive, #210 = 7  |  |  |
| North Miami, FL 33181   |  |  |
| 3. The mailing address (if different):  |  |  |
| OR 30   |  |  |
| 4. Date of incorporation/qualification: 4298 Document number: P9800030489   |  |  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |  |  |
| Warren Gilbert  |  |  |
| 12000 N. Bayshore Drive #210  |  |  |
| North Mani FL 33181   |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if   |  |  |
| changed):   |  |  |
| Kichard S. Pillinger, P.A.  |  |  |
| 3300 University Drive, Suite 901 (P.O. Box or personal mailbox NOT acceptable)  |  |  |
| Cord Springs, FL 33065  |  |  |
| 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.   |  |  |
| (Signature of an officer chauman or vice chairman of the board)  WHY CHARLEST: PRES.  |  |  |
| 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. 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. |  |  |
| 12/5/or   |  |  |
| (Signature of Registered Agent) (Date)  |  |  |
| If signing on behalf of an entity:  |  |  |
| (Typed or Pfinted Name) (Capacity)  |  |  |

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