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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: CITYWIDE PROPERTIES, IUC. Name of Corporation							
DOCUMENT NUMBER: P98000051938							
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:							
M. Jolge AReces Name of Contact Person							
Name of Contact Person							
Citywide Properties INC Firm/Company							
13615 S.Dixie Hwy #114-491 Address							
MI AMI, FL 33/76 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
M. Jorge Areces at (786) 319 \$182 Name of Contact Person 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 $\hat{\ }$ FOR CORPORATIONS

statement of char	nge is submitted for	r a corporation org	0502, 607.1508, or 61 ganized under the law. istered agent, or both	s of the State of	Florida	_
1. The name of th	ne corporation:	e itywi	De Proper	Ties cla	ic.	
2. The principal of	office address:	13615 S	De Proper 5. Dixie Hus 6. 33176	y # 114	- 491 (AC	waddi
3. The mailing ac						
4. Date of incorp	oration/qualification	on: 6/16/19	98 Document no	umber: P9	80000519	38
5. The name and	street address of th		d agent and registered			
	M. JO	nge Arece	es		_	;
	895	5.W. 86 ct	<u> </u>		-5 ₁₀ 20	
	MIAM	i FC 331	y y		2009 AUG 31 SECRETAR TALLAH	
6. The name and (if changed):			gent (if changed) and wy 井ハリー49		TARY OF STATE	FILED
	MIAMÍ	FL . 33176 P.O. Box	NOT acceptable): 18 FATE ORIDA	
The street address as changed will	ss of its registered be identical.	office and the stro	eet address of the bus	siness office of	— its registered ager	nt,
			pted by its board of d notified in writing o			
Signature	e of an officer or director		M. Jonge	2 AReces	President	_
I hereby accept if I further agree to of my duties, and document is beir corporation has	the appointment a ocomply with the d I am familiar wi ng filed merely to seen notified in w	s registered agent provisions of all s th and accept the o reflect a change in vriting of this chan	and agree to act in the statutes relative to the obligation of my posing the registered officence.	this capacity. e proper and co ition as register e address, I here	mplete performated agent. Or, if the stay of the stay	ıce his he
Sign	unific of Registered Age	nt		8/17/09 Date		_
If signing on bel	/			,		
	ize Areces					
Ту	ped or Printed Name					

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