P98000075046

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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJI	ECT: NEW AMERICAN VENTURES MANAGEMENT COMPANY (Name of Corporation)			
DOCU	JMENT NUMBER: P98000075046			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	DIRK DEGROEN			
(Name of Contact Person)				
	1201 MANATI AVENUE (Firm/Company)			
	(Address)			
	CORAL GABLES, FL 33146			
	(City/State and Zip Code)			
For fur	ther information concerning this matter, please call:			
DIRK	DEGROEN (Name of Contact Person) (Area Code & Daytime Telephone Number)			
	(Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclos	sed 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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: NEW AMERICAN	/ENTURES MANAGEMENT COMPANY	
2. The principal	office address: 1201 MANATI AVE BLES, FL 33146		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/27/1998	Document number: P98000075046	
	I street address of the current registe timent of State:	ered agent and registered office on file with the	
	DIRK DEGROEN		200
500 NE 167 STREET, SUITE 100		TE 100	الا 1
	MIAMI, FL 33162		2007 JUL 13
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered office	=
	DIRK DEGROEN		
	1201 MANATI AVENUE		
	(P.O. Box NOT acceptable)		
	CORAL GABLES, FL 3314		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agen	t,
Such change wanthorized by	as authorized by resolution duly as he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
(Signat	ure of an officer or director)	DIRK DEGROEN, PRESIDENT (Printed or typed name and title)	•
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept th ing filed merely to reflect a chang s begin notified in writing of this ci	ent and agree to act in this capacity. Il statutes relative to the proper and complete performan he obligation of my position as registered agent. Or, if th e in the registered office address, I hereby confirm that th hange.	ce iis ie
	W6	07/10/2007	_
Į.	gnature of Registered Agent) Chalf of an entity:	(Date)	
	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 * * *