## P99000038589

**Document Number Only** 

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

<u>C</u> .	orporation(s) Name	-08/03/0001058009 ****315.00 *****35.00
<u>)</u> 014.	a Tall Pines Copp	- 7× 8
)Profit	( )Amendment	Merger ()Merger ()Merger
)Nonprofit )Foreign )LLC	()Dissolution	()Mark
)Limited Partnership )Reinstatement	()Annual Report ()Reservation ()Fictitious Name	()Other Mch. RA ()UCC
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## 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, 617.0 undersigned corporation organized under the laws of the	502, 607.1508, or 617.1508, Florida Statutes, the
submits the following statement in order to change its re State of Florida.	egistered office or registered agent, or both, in the
1. The name of the corporation is: Delta Tall	Pines Corp.
2. The mailing address of the corporation is: 2075 N.	Powerline Road, Pompano Beach, FL 3300
3. Date of incorporation/qualification: 1999	Document number: p99000038589
<ol><li>The name and address of the current registered agent a</li></ol>	nd office:
Patrick F. Marzano	
- 2075 N. Powerline Road Pompano Beach, FL 33069	SECRI TALLA
5. The name and address of the new registered agent and o	office: (P. O. Box Not Acceptable)
CT Corporation System 1200 South Pine Island Road	FES.
Plantation, FL 33324	ORIDA
The street address of its registered office and the street agent, as changed, will be identical.	address of the business office of its registered
Such change was authorized by resolution duly adopted authorized by the board.	by its board of directors or by an officer so
Signature of an officer, chairman or vice chairman of the	
of the chairman of the	board) (Date)
(Printed or typed name and title)	(Date)
Having heen named as registered agent and to accept se corporation, I hereby accept the appointment as register I further agree to comply with the provisions of all statue performance of my duties, and I am familiar with and acregistered agent.	ea agent una agree to act in this capacity
PETER F. SOUZA ASSISTANT SECRETARY	8/N 00
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FW MG TPP

FILING FEE: \$35.00

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