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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--------------------|--|--|
| SUBJECT: Albanese-Popkin Hughes Cove Inc (Name of Corporation) | | | |
| DOCUMENT NUMBER: P9900039925 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fill | ing. | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Donna Sandberg— (Name of Contact Person) | | | |
| Albanese-Popkin Hughes Cove, Inc. (Firm/Company) | | | |
| 1200 5. Rogers Circle, Suite 11 (Address) | | | |
| Boca Raton FL 33487 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Onna Sandherg at (561) 994-137 (Name of Contact Person) (Area Code & Daytime Telep | 5 ohone 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 Street Address: Amendment Section Division of Corporation Clifton Building | าร | | |

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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: Albanese - Popkin Hughes Cove, Inc. |
| 2. The principal office address: 1200 S. Rogers Circle, Suite 11 Boca Raton, FL 33487 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 4-28-99 Document number: P990000 39925 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Edward Popkin |
| 5355 Town Center Rd Suite 801 |
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| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Edward D. Popkin, P. A. |
| P.O. Box NOT acceptable) |
| Boca RATON, FL 33486 |
| 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 or director) Edward Popkin (Printed or typed name and title) |
| 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. |
| Signature of Registered Agent) (Date) |
| > (orbitante of trepresent resemble |
| If signing on behalf of an entity: Edward P. Popkin PA (Typed or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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