

PQA 0000 666 37

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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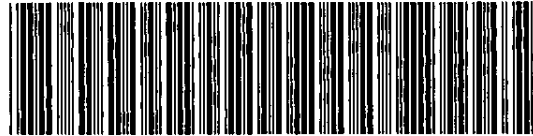
(Business Entity Name)

(Document Number)

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C. MUSTAIN

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Fantasy Cove Realty Corp.  
Name of Corporation

DOCUMENT NUMBER: P99000066637

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:

Cindy Barbara

Name of Contact Person

Alvarez & Barbara, LLP

Firm/Company

2701 South Bayshore Drive, #500

Address

Miami, FL 33133

City/State and Zip Code

cbarbara@alvarezbarbara.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Barbara

305 263-7700

Name of Contact Person

at ( ) 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

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Fantasy Cove Realty Corp.
2. The principal office address: 1680 Michigan Ave PH-5 Miami Beach FL 33139
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/27/1999 Document number: P99000066637

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gail Cardona

1680 Michigan Ave PH 5

Miami Beach FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard Barbara

2701 South Bayshore Drive, #500

P.O. Box NOT acceptable

Miami, FL 33133

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]  
Signature of an officer or director

Alexandro Capo  
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]  
Signature of Registered Agent

11/8/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA