## P99000106729

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Coples	_ Certificates	of Status
Special Instructions to Filing Officer:		

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R.A. Change



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	··· <u>-</u>
CAC(1 BACA) SUBJECT: Caribbean Cove Inc. (Name of corporation)	
DOCUMENT NUMBER: P99000106729	्र <del>। हे प्रस्तवा</del> धानस्य ज्ञ
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:	
E. SUZAN CASE	ستنصرت والمسا
(Name of person)	
Ca (1) Bean	
CARIBBEAN COVE INC. (Name of firm/company)	
(waine of initive ompany)	
1332 SW 23 AVE	
(Address)	-
FT. LAUDERDALE, FL. 33312 (City/state and zip code)	
For further information concerning this matter, please call:	
E. SUZAN CASE  at ( 954 ) 683-1834  (Name of person) (Area code & daytime telephone number	<del>r)</del>
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 409 E. Gaines Street Tallahassee, FL 32399	- · · · ·

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TALLAHAS AGENT OR BO	PH 4: 00
AGENT OR BO	THEOR

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED A FLORID 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 ${ m FLORIDA}$ to change its registered office or registered agent, or both, in the State of Florida. CARRIBEAN 1. The name of the corporation: -CARIBBEAN COVE INC 2. The principal office address: 1332 SW 23 AVE FORT LAUDERDALE, FL. 33312 3. The mailing address (if different): Document number: P99000106729 4. Date of incorporation/qualification: 12/8/99 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: E. SUZAN CASE 1007 N. FEDERAL HIGHWAY SUITE 315 FT. LAUDERDALE, FL. 33304 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): E. SUZAN CASE 1332 SW 23 AVE (P.O. Box or personal mailbox NOT acceptable) FT. LAUDERDALE, FL. 33312 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. 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.

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

(Capacity)

If signing on behalf of an entity:

(Typed or Printed Name)

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