## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for fu annual report mailings. Enter only one smail address please.

Email Address:

## REGISTERED AGENT CHANGE CRE AMERICA CORPORATION

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## COVER LETTER

TO: Amendment Division of	t Section Corporations		
SUBJECT:	CRE AMERICA C	ORPORATION -	
- Comment	Name of	Corporation	<del></del>
DOCUMENT NUN	4BER: P	97000061275	
	nent of Change of Registered Off	ice/Agent and fee are su	bmitted for filing.
	respondence concerning this mat	•	
	Adam	i, Hanover	
144	Name of C	ontact Person	<del></del>
_		John LLP	
-	Firm/s	Company	
_		Street, 6th Ploor	
	Ac	dress	
_		NJ 08837	
,		and Zip Code	·
<del>- 1</del>	shanover@ -mail address; (to be used for	ghechn.com	otification
•	s-man address, fro be used for	Totale tations report	Carony
For further informati	on concerning this matter, please	call:	
	Adam J. Hanover	at (	635-3110
Name	of Contact Person	Area Code & D	aytime Telephone Numb
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton But 2661 Execu	st Section Corporations
CR2E045 (WOS)			•
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PLAGE - 03/23/2409 CT Syctost Gulling

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a cor	poration organiz	607.1508, or 617.1508, Flor ed under the laws of the State ed agent, or both, in the State	of Florida	
1. The name of	the corporation: CRE AMI	erica corpora	ATION		_
2. The principa	l office address: C/O J.H. (	Cohn LLP 333 Tho	rnall Street, 6th Floor, Edison,	NJ 08837	_
3. The mailing	address (if different):				-
4. Date of incom	rporation/qualification:	7/15/1997	Document number:	P97000061275	-
	d street address of the curr		ent and registered office on fil	e with the	
·	LUZINSKI, JOSEPH J				
	200 SOUTH BISCAYNE	BOULEVARD, S	UITE 1818		
	MIAMI, FL 33131			<del></del>	
6. The name an (if changed):		registered agent	(If changed) and for registered	doffice TALL	<b>-</b>
	c/o C T Corporation Syste	m 1200 South Pi	re feleral Road	PR-	 ستنم
	GOC 1 Corporation bysic	P.O. Box NOT		SSI R	1
	Plantation, Plorida 33324			me 3	Γ.
The street addr	ess of its registered office I be identical.	and the street ac	idress of the business office	of its registered agent,	_
			by its board of directors or b fied in writing of the change		
	HUI	····	Clifford A. Zucker,	Sole Director	
I hereby accept I further agree of my duties, an document is be corporation ha	in or an entite or anceter  I the appointment as regis to comply with the provis and I am familiar with and ing filed merely to reflect s been notified in writing  Corporation System  Me Corporation System  melium of Registored Agent	stered agent and tions of all statut accept the oblig a change in the of this change.	rnawd or typed name agree to act in this capacity es relative to the proper and atton of my position as reels registered office address, 1		
If signing on be <b>Joar</b>	half of an entity ne McCarth tant Secreta				

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

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

CR2E045 (8/05)

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