## 4290260

(H	(equestor's Name)	
(A	Address)	
(A	Address)	
(C	ity/State/Zip/Phone#	)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Edward A. Matson, Inc.
(Name of corporation)
DOCUMENT NUMBER: 429026
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:
Edward A. Matson
(Name of person)
Edward A. Matson, Inc.
(Name of firm/company)
2101 S. Andrews Avenue, Suite 103
(Address)
Ft. Lauderdale, FL 33316
(City/state and zip code)
For further information concerning this matter, please call:
Edward Matson at (954) 522-2555  (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

Pursuant to the	e provisions of section	ns 607.0302, 6	517.0302, 607.13	008, or 617.13	)08, Florida S	statutes,	)
this statement o	f change is submitted	for a corporat	ion organized un	der the laws o	of the State of		
Florida	in order to cha	ange its registe	ered office or reg	gistered agent	, or both, in ti	he State	?
of Florida.		_		_			
1. The name of	the corporation:	dward A.	Matson, In	ic.			
2. The principal	l office address: 2	101 South	n Andrews A	venue, S	uite 103		
			erdale, Flo				
3. The mailing	address (if different):_	Same					
J	` /-				<u>A</u> f	03	
4. Date of incor	poration/qualification	6/22/73	Docu	ıment number	4290		
5. The name an	d street address of the					<sub>he</sub> မ	-
Florida Depa	rtment of State:				뜨득	-	m
	Matson, Edwa	ard			<u> </u>		
	1606 S.E. 12	th Court				1 33	
	Fort Laudero	dale, Flo	rida 33316		· · · · · · · · · · · · · · · · · · ·		
6. The name a changed):	nd street address of t	Č	• •	anged) and /o	or registered o	office (i	f
	C. David Tar	ngora, Es	<b>q.</b>		<del></del>		
	200 S.E. 18		ailbox NOT acceptable				
	Fort Lauder	•		,			
	Fort Lauderd	aale, FIO					
The street addragent, as chang	ress of its registered oged will be identical.	ffice and the s	treet address of t	the business o	ffice of its reg	gistered	į
	vas authorized by reso						
	er, chairman or vice chairman of						AUT
I hereby accep I further agree performance o registered age office address,	t the appointment as a to comply with the part of my duties, and I am man of this docume I partly confirm that	registered age rovisions of al familiar with ent is being file the corporate	nt and agree to a il statutes relative and accept the o ed merely to reflo ion has been not	act in this cape to the prope bligation of nect a change i ified in writin	vacity. er and comple ny position as in the register g of this chan	te ed ge.	
	Signature of Registered Agent)		5/28	(Date)			
If signing on beha	alf of an entity:						
	(Typed or Printed Name)	_		(Capacity)			

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