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PICK-UP WAIT MAIL
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(Document Number)
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AND AHASSEE, FLORIDA

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: UNIQUE PRODUCERS SERV	ICE, INC.
(Name of Cor	poration)
DOCUMENT NUMBER: 681675	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Robert Fitz (Name of Conta	
KUBICKI E	
25 West Flagle (Addre	r Street, Penthouse
Miami, FL (City/State and	
For further information concerning this matter, please cal	11:
Robert Fitzsimmons (Name of Contact Person)	at (305) 982 6741 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	ent 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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: UNIQUE PRODUCERS SERVICE, INC.	
	office address: 13815 North West 19th Avenue, Miami, Florida 33054	_
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 08/11/1980 Document number: 681675	
	street address of the current registered agent and registered office on file with the tment of State:	
	Robert Fitzsimmons	
	2950 SW 27th Avenue	
	Miami, FL 33233-9075	
6. The name and (if changed):	Miami, FL 33233-9075 street address of the new registered agent (if changed) and /or registered office Robert Fitzsimmons 25 West Flagler Street Penthouse	<u>.</u>
	Robert Fitzsimmons	د ج
	25 West Hagler Street, Fertillouse	Ņ
	(P.O. Box NOT acceptable) Miami, FL 33130	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Signati	T.B. JONES (Printed or typed name and title)	
I further agree i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
	enature of Registered Agent) (Date)	
	half 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 CR2E045 (8/05)

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