Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document #)
2	9000043966499
(Corporation Name)	(Document #) -06/11/8101947063 *****35.00 *****35.00
3.	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

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

		200 000 210 0000	'em 1500 - 217 1500	Timidu Stantage dhe
Pursuant to the	provisions of section	s 607.0502, 617.0502, 6 inder the laws of the Stat	107.1308, OF 617.1308,	Florida Statutes, the
unuersigned con submits the follo	porauon organizea u owing statement in or	der to change its register	red office or registered	agent, or both, in the
State of Florida				
	the corporation is:	SOMERSET C	<u>m ciamady a</u>	MO.2(K17)
2. The mailing	address of the corpora	ation is: 2661 SOM	GREET YPINE	APT 215
		UDERDALE LAU		
3. Date of inco	rporation/qualificatio	7/01/100	Document number:	
4. The name an	d address of the curre	ent registered agent and o	ffice:	
		IAKOFF GARY		ALL ALL
		STIRLING ROT		LAHA LAHA LAHA LAHA LAHA LAHA LAHA LAHA
		Fre LAOD FL	33312	3SS
5. The name an	d address of the new	registered agent and offic		eptable) 무를 물
	~	LR BROWER & CHAS		eptable), FLOR
		0 W.70 5 WE SU		RIDA RIDA
	Fr	LAUREDALE TO 33	317	
The street addragent, as change	ress of its registered ged, will be identical	office and the street add	iress of the business of	ffice of its registered
Such change v	vas authorized by res	solution duly adopted by	y its board of directors	or by an officer so
authorized by	12-1 in Vi	do	5-	23-01
(Signatur	e of an officer, chairman o	r vice chairman of the board)	***	(Date)
(F	HILLE DICKENS	S		
	(Printed or typed n	ame and title)		* *=/ >
Having been n corporation, I I fürther agree performance o registered age	e to comply with the of my duites, and I a	agent and to accept serve ppointment as registered provisions of all statute in familiar with and acc	vice of process for the dagent and agree to a srelative to the proper ept the obligation of m	above stated ct in this capacity. r and complete ty position as
	(Signature of Registered A	gent)	(Date)	
If signing on beh	nalf of an entity: . CUADROW, FSQ (Typed or Printed Name)	FOR BAKALE, BROW	BH E CHARROW A. (Capacity)	A. PARMER
		* * * FILING FEE: \$3		- -
ADAGA (S/TIOT)	\	TIMIO PEE 33		
CR2E045(7/97)	DIVISION OF CORPORATION	P.O. Box 6327	Tallahassee, FL	32314