Requestor's Name

Requestor's Name
Paralyzed Veterans
Association of Florida, Inc.
6200 N. Andrews Avenue
Ft. Lauderdale, FL 33309
City/State/Zip Phone #

800002274658--2 -08/22/97--01058--012 *****35.00 ******35.00

Office Use Only

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

l	(Corporation Name)	(Docu	rment #)
2	(Corporation Name)	(Docu	rment #)
3	(Corporation Name)	(Доси	ment #)
4	(Corporation Name)	(Document #)	
Walk in	Pick up time		Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status

NEW FILINGS.	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Метдет

OTHER FILINGS
 Annual Report
Fictitious Name
Name Reservation

REGISTRATION/
 Foreign
Limited Partnership
Reinstatement
Trademark
Other

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SECRETARY OF STATE
TALLAHASSEE, FLORIDY

Examiner's Initials

DW 9/2

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is: PARALYZED VETERANS ASSOCIATION OF FLOREDA, INC.	
1b. Date of incorporation 2-22-78 Document number 74177677	<u>.</u>
2. The name and address of the current registered agent and office:	
DICK, WILLIAM H. 1010 NE 196TH TERRACE MIAMI, FLORIDA 33179	-
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	-
ERNEST A. RAZZANO 6523 NW 28TH COURT MARGATE, FLORIDA 33063	
The street address of its registered agent 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. PEDRO DE ARMAS, PRESIDENT Typed or printed name and title DATE	-
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.	
DATE 8/(Registered Agent)	_
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

CR2E045 (7-91)

FILING FEE: \$35.00