

749576

Temple Sinai

Of Palm Beach County
2475 West Atlantic Avenue,
Delray Beach, Florida 33445

City/State/Zip

Phone #

400002902044--9

-06/11/99--01063--015

*****35.00 *****35.00

Office Use Only

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

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☐	Profit
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AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

RAIRO
change

S. PAYNE JUN 16 1999

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Section 607.0501 and 607.0202, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: Temple Sinai of Palm Beach County, Inc.
2. The name and address of its present registered agent is:

ARTHUR ZWEIGENHAFT
425 Sherwood Forest Drive
Delray Beach, FL 33445

3. The name and street address to which its registered agent is to be changed is:

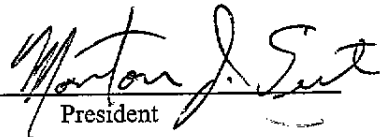
CAROLE ARONSON
WEINER & ARONSON, P.A.
102 North Swinton Avenue
Delray Beach, FL 33444

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Morton J. Siet, President
(Typed or printed name and title)

Signature

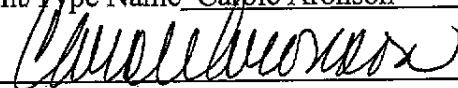

President

Date: June ____, 1999

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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Carole Aronson

Signature


(Agent)

Date: June 4, 1999

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