DOCUMENT # H18438  1. Entity Name ANDREWS COMMERCENTER, INC.				FILED Jan 10, 2001 8:00 am Secretary of State	
Principal Plac	ce of Business	Mailing Address		01-10-2001 90091 046 ***150.00	
1371 SW 12 AVE. POMPANO BEACH FL 33069 US		1371 SW 12 AVE. POMPANO BEACH FL 3300 US	59		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Co	urrent Registered Agent	<del>'                                    </del>	7. Name and Address of New Registered Agent	
			Name		
GREENBERG, DAVID 1371 SW 12 AVE. POMPANO BEACH FL 33069			Street Addre	ess (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	
8. The above	named entity submits this staten	nent for the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registers	(NOT	E: Registered Agent signature red	outred when reinstating)	
			· · · · · · · · · · · · · · · · · · ·	Janes Michigania)	
			!!! FEE IS \$150.00 001 Fee will be \$550.0 ble to Department of	I ITUSI FUNG CONTINUATION. LI AUGUSTO FEES I	
11.	OFFICERS	AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Greenberg, David H. 8930 S. Lake Basha Driv Plantation St	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition   Start   Addition   Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GREENBERG, ROCHELLE I 8930 S. LAKE DASHA DRIV PLANTATION FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Antonia	
THILE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, DAVID H. 8930 S. LAKE DASHA DRIV PLANTATION FL	□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Pandano BEACH, 12 33069  1371 SW 12 AVENUE PONDANO BEACH, 12 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	I on this report or supplemental reporation or the receiver or trustee, or on an attachment with an add	port is true and accurate and that r	nv signature shall have :	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if	
	SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytime Phone #	