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Requ	estor's Name	
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4(Corpo	oration Name) (Document #)	TO SERVICE OF THE PERSON OF TH
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Mail out TEWFILINGS Profit NonProfit Limited Liability	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	
Mail out EWFILINGS Profit NonProfit Limited Liability Domestication Other	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	
Mail out EWFILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	
Mail out EWFILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	
Mail out EWFILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Will wait Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Certificate of Status Certificate of Status Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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

and descipated corneration organic	anized under the laws of a nent in order to change it	the State of <u> </u>	registered agent, or ooth, in t
2. The mailing address of th	e corporation is: 1200) Lemonwood Street	, Hollywood, FL 33019
3. Date of incorporation/qua 4. The name and address of	lification: June 22, the current registered ag	1993 Document ent and office:	number: <u>N93000002800</u>
Theod	ore R. Stotzer		
200 S	. Park Road, Suite 20	00	
Holly	wood, Florida 33021		
5. The name and address of SKRLD,	f the new registered agent	t and office: (P.O. Box	Not Acceptable)
201 A	lhambra Circle, Suit	e 1102	
	Gables, Florida 331		
The street address of its reagent, as changed, will be Such change was authorized by the board.	gistered office and the str dentical. ed by resolution duly ado	eet address of the bus pted by its board of di	iness office of its registered rectors or by an officer so
(Signature of an officer, chairman	YENT.	ped name and title)	(Date)
Having been named as re I hereby accept the appoi comply with the provision and I am familiar with an	gistered agent and to acc ntment as registered agen is of all statutes relative t d accept the obligation o	ept service of process it and agree to act in the proper and com finy position as regis	for the above stated corporal this capacity. I further agree plete performance of my dutie tered agent.
(Signature of Register	ed Agent)	10/22/9	(Date)
If signing on behalf of an	entity:		
Lisa A. Lerner (Typed or Printed Na	me)	Secretar	(Capacity)
			FILING FEE: \$35.00

CR2E045(1/95)