## 100000013520

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PICK-UP	☐ WAIT	MAIL				
(Bi	usiness Entity Name	)				
(D	ocument Number)					
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Certified Copies	Centricates o	r Status				
Special Instructions to	Filing Officer:	1				
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Office Use Only



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## **COVER LETTER**

TO:	Amendment S Division of C	Section orporations	*					
SUBJECT: HARRIS, KRATZ INC.  Name of Corporation								
DOCU	J <b>MENT NUM</b>	BER:P0	0000013520					
The er	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please	return all corre	espondence concerning this mat	iter to the following:					
	_		ul Kratz					
		Name of (	Contact Person					
Harris, Kratz Inc. Firm/Company				<del></del>				
			- · · · · · · · · · · · ·					
		2760 South Oce	ean Blvd., Suite 117					
	_		ddress					
		Palm Beach	, Florida 33480					
		City/State	and Zip Code					
		info@har	riskratz.com					
	$\overline{E}$	-mail address: (to be used for	r future annual report notificati	ion)				
For fu	rther information	on concerning this matter, pleas	e call:					
		Paul Kratz	917	288-2008				
	Name	of Contact Person	at ( <u>917</u> ) Area Code & Daytime T	Celephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.								
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporal Clifton Building 2661 Executive Central Tallahassee, FL 32	rations enter Circle				

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

statement of change is sui	s of sections 607.0502, 617.0502, bmitted for a corporation organiz ge its registered office or register	zed under the laws of the State	of_Florida
	ration: HARRIS, KRATZ		<i>oy : 10. Man</i>
•	dress: 2760 South Ocean B		each, Florida 33480
3. The mailing address (if	different): same		
4. Date of incorporation/o	qualification: 02/08/2000	Document number:	P00000013520
	dress of the current registered ago State: (If resigned, enter resigned)		e with the
Warre	n J. Kozlow, Esq Les	igned	
5850 C	Coral Ridge Drive, Suite 20	)1	
Coral	Springs, Florida 33076		4 6
6. The name and street ad (if changed):	dress of the new registered agent	(if changed) and /or registered	d office E
Paul K	ratz		_ 2 7
2760 8	South Ocean Blvd., Suite 1		F ST PLE
Date: 5	P.O. Box NOT	acceptable	200
	Beach, Florida 33480		
The street address of its as changed will be ident	registered office and the street a ical.	address of the business office	of its registered agent,
Such change was author authorized by the board,	ized by resolution duly adopted or the corporation has been not	by its board of directors or bified in writing of the change	by an officer so
(14)	4	Paul Kr	atz
I hereby accept the appo I further agree to compl of my duties, and I am fa document is being filed i corporation has been no	pintment as registered agent and wwith the provisions of all statu miliar with and accept the oblig merely to reflect a change in the tified in writing of this change.	l agree to act in this capacity tes relative to the proper and gation of my position as registered office address, I	d complete performance stered agent. Or, if this hereby confirm that the
(IU)	$\sqrt{}$	4/12/12	)
	gistered Agent	Date	
If signing on behalf of a	n entity:		
Typed or Prin	uted Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*