P06000000305

(Requestor's Name)

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(Business Entity Name)

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Change
10/03/06
Dc

# The Legal Dept., Inc.

Sandra K. Racicot, CLA
Certified Legal Assistant

Craig Le Cesne, Esquire
Florida Bar Member

September 29, 2006

**VIA FEDERAL EXPRESS**
**TRACKING NO. 7915 5928 0506**

Florida Secretary of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Think Wisdom Partnership, Inc. (Florida domestic)

To Whom It May Concern:

Enclosed is a Statement of Change of Address of Registered Agent and corresponding Cover Letter for Think Wisdom Partnership, Inc., a Florida for-profit corporation, and a copy.

Also enclosed is payment in the amount of $35.00 representing the required filing fee.

Please date stamp the enclosed copy of the Statement of Change of Address of Registered Agent and corresponding Cover Letter, and return it to:

Mr. Jesse J. Lo Ré
Think Wisdom Partnership, Inc.
c/o 6460 Via Benita
Boca Raton, FL 33433

Thank you for your assistance in this matter.

Sincerely yours,

Sandra K. Racicot

Sandra K. Racicot, CLA

Enclosures

cc: Jesse J. Lo Ré (w/enclosures via email)

# COVER LETTER

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** Think Wisdom Partnership, Inc.
(Name of Corporation)

**DOCUMENT NUMBER:** P06000000305

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J. Lo Ré
(Name of Contact Person)

Think Wisdom Partnership, Inc.
(Firm/Company)

c/o 6460 Via Benita
(Address)

Boca Raton, FL 33433
(City/State and Zip Code)

For further information concerning this matter, please call:

J. Lo Ré (Name of Contact Person) at ( 561 ) 699-9160 (Area Code & Daytime Telephone 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

**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, this statement of change is submitted for a corporation organized under the laws of the State of* Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Think Wisdom Partnership, Inc.

2. The principal office address: 6460 Via Benita, Boca Raton, Florida 33433

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/03/2006 Document number: P06000000305

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jesse J. Lo Re

7700 West Camino Real, Suite 401

Boca Raton, Florida 33433

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DIVISION OF CORPORATIONS
06 OCT -2 PM 2:06

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jesse J. Lo Re

6460 Via Benita
(P.O. Box NOT acceptable)

Boca Raton, Florida 33433

The street address of its registered office 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, or the corporation has been notified in writing of the change.

X _____ Jesse Lo Re, President and CEO
(Signature of an officer or director) (Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X _____ September 28, 2006
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

_____
(Typed or Printed Name)

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

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

CR2E045 (8/05)