P0700062930

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	e) :
(Do	ocument Number)	
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SEURETARY OF STATE

T. Reberts JUN 252001

COVER LETTER

Division of Corporations				
SUBJECT: Dieudonne & Associates, P.A. (Name of Corpo	ration)			
DOCUMENT NUMBER: P07000062930				
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the	he following:			
·	Ū			
Maguene Dieudonne				
(Name of Contact Person)				
Dieudonne & Associates, P.A.				
(Firm/Compa	iny)			
222 Most Pounton Booch Blief Sui	ita 2			
332 West Boynton Beach Blvd., Su (Address)				
,				
Boynton Beach, Florida 33435				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Maguene Dieudonne	∠ 561 \ 506-4434			
(Name of Contact Person)	(Solution (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Departmen	t of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

•		, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ion organized under the laws of the State of Florida	is
		or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: Dieudonne & A	ssociates, P.A.	
2. The principal	office address: 332 West Boynt	ton Beach Blvd., Suite 3, Boynton Beach, Florida 3343	5
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: June 1, 2	2007 Document number: P07000062930	
	I street address of the current reg tment of State:	gistered agent and registered office on file with the	
	Maguene Dieudonne, 403 Be	Imont Place, Boynton Beach, Florida 33436	OT JUN 20 AT SECRETARY OF TALLAHASSEE
			SSEE, FI
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	STATE
	332 West Boynton Beach Blv	vd., Suite 3, Boynton Beach, Florida 33435	V
	(P.O. Box NO	l'acceptable)	
The street addre	ess of its registered office and t be identical.	the street address of the business office of its registere	ed agent,
Such change wa authorized by th	as authorized by resolution duline board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	I
(Signatu	ire of an officer or director)	Maguene Dieudonne/Owner/Registered (Printed or typed name and title)	d Agent
I further agree i of my duties, an document is bei	to comply with the provisions o	agent and agree to act in this capacity, of all statutes relative to the proper and complete peryot the obligation of my position as registered agent. Conge in the registered office address, I hereby confirm s change.	formance Or, if this that the
		June 18, 2007	
	gnature of Registered Agent)	(Date)	
	half of an entity:		
Maguene Die	Udonne Typed or Printed Name)		

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