P09000095125

| (Re | equestor's Name) | | | | | |
|---|------------------|-----------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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OLVISION OF CORPORATIONS
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COVER LETTER

| TO: | TO: Amendment Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|--|
| SUBJI | ECT: Robert M. Panisch & Name of | Associates, P.A. Corporation | | | | | |
| DOCU | MENT NUMBER: PO | 9000095125 | | | | | |
| The en | closed Statement of Change of Registered Off | ce/Agent and fee are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matt | er to the following: | | | | | |
| Robert M. Panisch Name of Contact Person | | | | | | | |
| Robert M. Panisch & Associates, P.A. Firm/Company | | | | | | | |
| 300 South Pine Island Road, Suite 3031 Address | | | | | | | |
| Plantation, FL 33324 City/State and Zip Code | | | | | | | |
| robp23@aol.com E-mail address: (to be used for future annual report notification) | | | | | | | |
| For fur | ther information concerning this matter, please | call: | | | | | |
| | Robert M. Panisch | at (954) 610-4311 | | | | | |
| | Name of Contact Person | at (954) 610-4311 Area Code & Daytime Telephone Number | | | | | |
| Enclose | ed is a \$35.00 check made payable to the Depa | rtment 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 | | | | | |

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

| statement of ch | ange is submitted for a co | rporation organize | 607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat | te of Florida |
|--|---|---|--|--|
| | _ | , 0 | & Associates, P.A | · |
| | l office address: 300 So | | | |
| • • | n, FL 33324 | | · | |
| · | | 9 NW 103 Aven | ue, Plantation, FL 333 | 324 |
| 4. Date of incor | poration/qualification: | 11/19/2009 | Document number: | P09000095125 |
| | d street address of the cur rtment of State: (If resign | | nt and registered office on f | ile with the |
| | Robert M. Panisch | , Esq. | | |
| | 8201 Peters Road, | Suite 1000 | , | |
| | Plantation, FL 333 | 24 | | |
| 6. The name and (if changed): | d street address of the nev | v registered agent (i | f changed) and /or register | OIVISION OF CORPORATION OF CORPORATI |
| | Robert M. Panisch | , Esq. | · · · · · · · · · · · · · · · · · · · | |
| | 300 South Pine Isla | and Road, Suite | 3031 | |
| | . . . | P.O Box NOT ac | ceptable | PR PO |
| | Plantation, FL 3332 | 24 | | · · · · · · · · · · · · · · · · · · |
| The street addr as changed will | ess of its registered office be identical. | e and the street add | dress of the business office | S PA 3: |
| Such change w authorized by t | as authorized by resoluti he board or the corporat | on duly adopted by ion has been notifi | y its board of directors or led in writing of the chang | by an officer so e. |
| Signatu | ire of an officer or director | | Robert M. Panis | e and title |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as regi to comply with the provi nd I am familiar with and ing filed merely to reflec s fledn notified in writing | stered agent and a sions of all statute d accept the obliga t a change in the r g of this change. | gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I | y. d complete performance istered agent. Or, if this hereby confirm that the |
| | nature of Registered Agent | | January 3 | , 2012 |
| Kobert If signing on be | chalf of an entity: | | | |
| | uned or Printed Name | | | |

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