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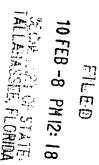
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COVER LETTER.

SUBJECT: EASTERN NATIONAL MANAGEMENT SERVICES								
Name of Co	orporation							
DOCUMENT NUMBER: P940	000044115							
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:								
RICHARD M. ZI Name of Con	ELMAN, ESQ. tact Person							
SACHER, ZELM. Firm/Co	AN, HARTMAN							
1401 BRICKELL AV								
MIAMI, FL 33131 City/State and Zip Code								
RZELMAN@SACHERZELMAN.COM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
IRIS M. CASTILLO Name of Contact Person	at (305) 371-8797 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							

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.150 inge is submitted for a corporation organized under r to change its registered office or registered agent,	the laws of the State of Flo	rida	_	
	the corporation: <u>Eastern National Manag</u> office address: 799 Brickell Plaza, 10th Floc		corporate	<u></u>	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: June 7, 1994 Doc	ument number: P94	00004411	5	
	istreet address of the current registered agent and retinent of State: (If resigned, enter resigned)	gistered office on file with t	he De ⊊∜	5	
	Judith McCaffrey		1 - S	FEB	
	177 Avenue B, Suite 2B			8- B	프
	New York, NY 10009		:		0
6. The name and (if changed):	street address of the new registered agent (if change	ed) and /or registered office	STATE FILORIDA	PH 12: 18	-
	Legal Assets, Inc.				
	1401 Brickell Avenue, Suite 700	_			
	P.O. Box NOT acceptable				
	Miami, Florida 33131				
The street address changed will	ess of its registered office and the street address of be identical.	the business office of its re	egistered ago	ent,	
Such change was	as authorized by resolution duly adopted by its bo	ard of directors or by an of riting of the change.	ficer so		
	A11	perto Colon, Presi	dent		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to comply with the provisions of all statutes relative of a literal statutes and agree to comply with the provisions of all statutes relative of a literal statutes and accept the obligation of a literal statute of Registered Agent. The complete of Registered Agent.		ete performe gent. Or, if confirm that	ince this the	
If signing on be	L M. ZELMAN, fresident yped 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)

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