P99		02610
^	an estor's Name Cay Me Blvd, Address 33161	Office Use Only
No Return CORPORATION N	Phone # AME(S) & DOCUMENT NUM	Office Use Only BER(S), (if known):
1 ' ' -	7-892-2131 ration Name) (Do	ocument #)
2	, account tomassey	ocument #)
	<b>1</b>	ocument #)
☐ Walk in ☐ Mail out ☐	Pick up time Will wait Photocopy	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit	AMENDMENTS	7000029450270 -07/29/9901049018 *****35.00 ******35.00 -
NonProfit  Limited Liability	Resignation of R.A., Officer/ Direction of Registered Agent  Dissolution/Withdrawal	ector
Domestication Other	Merger Merger	
OTHER FILINGS  Annual Report	REGISTRATION/ QUALIFICATION  Foreign	RAChg.
Fictitious Name  Name Reservation	Limited Partnership  Reinstatement	
	Trademark Other	V. SHEPARD AUG 1 3 1999
		Examiner's Initials

CR2E031(1/95)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 5, 1999

PETER WEITMAN 12951 BISCAYNE BLVD. MIAMI, FL

SUBJECT: ASCOT FURNITURE, INC.

Ref. Number: P99000002610

We have received your document for ASCOT FURNITURE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can designate only one registered agent for your corporation, please correct your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard Corporate Specialist

Letter Number: 599A00039690

99 AUG 12 AM 9: 1.1

## 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,	
the undersigned corporation organized under the laws of the State of Hondo	
submits the following statement in order to change its registered office or registered agent, or both, in	· ·—
the State of Florida.  1. The name of the corporation is: ASCOT FUNDATURE, INC. 18 18 18 18 18 18 18 18 18 18 18 18 18	
2. The mailing address of the corporation is: 12951 BISCAYNE BOOK 10	
3. Date of incorporation/qualification: 1/11/99 Document number: P 99 0000 26	10
4. The name and address of the current registered agent and office:	
Ottavies L NEustein, PA	
420 Lincoln Road, Site 600	-
miani Beach, Fl 33139	÷
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
Richard Desau	Lej
12957 BISCAUPE BILL	/
Miani, FC 33/61 - Fec 8922131	<u>.</u> .
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.	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
Peter Weitmann Director. (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation. 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 divies, and I am familiar with and accept the obligation of my position as registered agent.	
Signature of Registered Agent)  (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)  (Capacity)	
*** FILING FEE: \$35.00 ***	
CR2E045(7/97)	. p -

P.O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314