## K57825

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



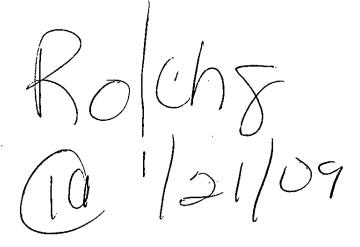


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SECRETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

SUBJECT: TABAS, FREEDMAN, SOLOFF & MILLER, P.A (Name of Corporation) DOCUMENT NUMBER: K57825 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: Lise Shortino (Name of Contact Person) Tabas, Freedman, Soloff & Miller, P.A. (Firm/Company) 14 N.E. 1st Avenue, Penthouse (Address) Miami, FL 33132 (City/State and Zip Code) For further information concerning this matter, please call: Lise Shortino
(Name of Contact Person) 305 375-8171 (Area Code & Daytime Telephone Number) Enclosed is a \$35,00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

Amendment Section Division of Corporations

## •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.			
. The name of the corporation: Tabas, Freedman, Soloff, Miller & Brown, P.A.			
. The principal office address: One Flagler Building, Penthouse			
14 N.E. 1st Avenue, Miami, FL 33132			
. The mailing address (if different):		_	
. Date of incorporation/qualification: 1/12/1989 Document number: K57825			
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)			
Joel L. Tabas			
25 S.E. 2nd Avenue, Suite 919			
Miami. FL 33131			
The name and street address of the new registered agent (if changed) and /or registered office (if changed):	09 JAN 12 PM 12: 39	51416161	
Joel L. Tabas	1 2		
14 N.E. 1st Avenue, Penthouse	79		
(P.O. Box NOT acceptable)	12:		
Miami, FL 33132  The street address of its registered office and the street address of the business office of its registers changed will be identical.	red agent,		
such change was authorized by resolution duly adopted by its board of directors or by an officer suthorized by the board, or the corporation has been notified in writing of the change.	0		
(Signafure of an officer or director)  Joel L. Tabas (Printed or typed name and title)			
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete per f my duties, and I am familiar with and accept the obligation of my position as registered agent. ocument is being filed merely to reflect a change in the registered office address, I hereby confirm orporation has been notified in writing of this change.	formance Or, if this n that the		
7/(Signature of Registered Agent) 1/9/2009 (Date)			
f signing on behalf of an entity:			
(Typed or Printed Name)			

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