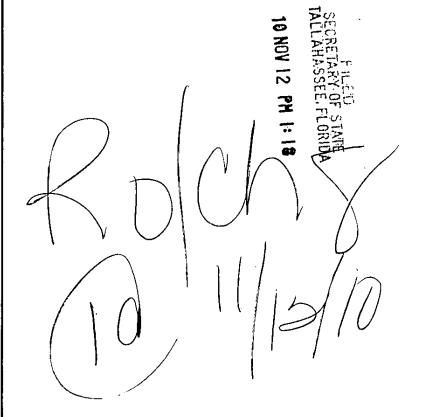


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Special Instructions to	Filing Officer:					
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11/01/10--01002--021 **35.00



COVER LETTER

SUBJECT: SAUNDERS, CURTIS, GINESTRA & GORE PROFES Name of Corporation 600914 DOCUMENT NUMBER: 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: Michelle J. Gomez Name of Contact Person SAUNDERS, CURTIS, GINESTRA & GORE PROFESSIQ Firm/Company 2901 West Cypress Creek Road, Suite 101 Address Fort Lauderdale, FL 33309 City/State and Zip Code michellejgomez@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle J. Gomez 954) 969-9919 ext. 14
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2010

MICHELLE J. GOMEZ, ESQ. SAUNDERS, CURTIS, GINESTRA & GORE, P.A. 2901 WEST CYPRESS CREEK ROAD - STE. 101 FORT LAUDERDALE, FL 33309

SUBJECT: SAUNDERS, CURTIS, GINESTRA & GORE PROFESSIONAL

ASSOCIATION

Ref. Number: 600914

We have received your document for SAUNDERS, CURTIS, GINESTRA & GORE PROFESSIONAL ASSOCIATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE LIST THE NEW REGISTERED AGENT INFORMATION IN THE SPACE PROVIDED ON THE FORM (PART 6).

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 510A00025755



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

statement of cha	inge is submitted for a co	rporation organize	507.1508, or 617.1508, Florid d under the laws of the State o d agent, or both, in the State o	f Florida		
	<u>-</u>		TIS, GINESTRA & Greek Road, Suite 101, Fo	ORE PROFESSION ort Lauderdale, FL 3330		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	04/01/1969	Document number:	600914		
	d street address of the cur trment of State: (If resign		t and registered office on file	with the		
	Michelle J. Gomez					
	6550 North Federa	l Highway, Suit	e 510	SE		
	Fort Lauderdale, F	L 33308		O SO		
6. The name and (if changed):	d street address of the nev	v registered agent (i	f changed) and /or registered of	10 NOV 12 PH 1: 18		
	Michelle J. Gomez			PH I: IS		
	2901 West Cypress Creek Road, Suite 101					
	P.O. Box NOT acceptable Fort Lauderdale, FL 33309					
	ess of its registered offic be identical.	e and the street add	dress of the business office o			
authorized by the	ne board, or the corporat	tion has been notifi	y its board of directors or by ed in writing of the change.	an officer so		
<u> </u>	re of fan officer or director		Michelle J. G	omez, DPS		
I further agree of my duties, an document is hei	the appointment as reg. to comply with the provid I am familiar with and filed merely to reflect to been notified in writing	sions of all statute d accept the obliga t a change in the r	gree to act in this capacity. s relative to the proper and c tion of my position as registe egistered office address, I he	complete performance red agent. Or, if this reby confirm that the		
Hwyll Sig	patyre of Begistered Agent	<u> </u>	November 8,	2010		
If signing on be	half of an entity:					
	lichelle J. Gomez yped or Printed Name					

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