F72235

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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RAI Change (19 5/28/03



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03 MAY 20 PH 4: 00

JEURETARY OF STATE
TAIL AHASSEE, FLORID,

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

Pursuant to the provisions of se this statement of change is submit				
		·- •	r registered agent, o	•
of Florida.	THEEDNE MED	,	OOMINIUMS, INC.	
1. The name of the corporation:	· · · · · · · · · · · · · · · · · · ·			<u> </u>
2. The principal office address:	700 NW 107	<u>Avenue,</u>	Miami, Florida	33172
3. The mailing address (if differen	nt):			
4. Date of incorporation/qualifica	tion: 3/25/19	982 I	Document number:	F72235
5. The name and street address of Florida Department of State:	the current registere	d agent an	d registered office or	
<u>_</u>	David B. McCain,	Esq.		PC 3
-	700 NW 107 Avenu	- -		03 MY 20
<u>_</u>	Miami FL 33172		·	_ GO 3
6. The name and street address changed):				egistered office fi
E	Benjamin P. Butt	erfield,	Esq.	_ 50
	700 NW 107 Avenu (P.O. Box or personal mailt		table)	
M	Miami FL 33172			
The street address of its registere agent, as changed will be identic	ed office and the stre	et address	of the business offic	ce of its registered
Such change was authorized by rauthorized by the board, or the c	resolution duly adop ornoration has been	in the second of the second		-
Signature of shiofficer, chairman or vice chairm	ar of the poard)	David	B. McCain, Vice rinted or typed name and title	President
I hereby accept the appointment I further agree to comply with the performance of my duties, and I registered agent. Or, if this doct office address, I hereby confirm (Signature of Registered A	as registered agent e provisions of all si am familiar with an ument is being filed that the corporation	and agree tatutes rele d accept th merely to has been	to act in this capaci ative to the proper at	ty. nd complete position as
If signing on behalf of an entity:	,		(2300)	
Benjamin P. Butterfiel	L đ	Vice	President/Secret	tarv
(Typed or Printed Name)		(Capacity)		

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