150263

(Requestor's Name)	_
(Address)	_
(Address)	_
· (City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special instructions to Filing Officer:	7
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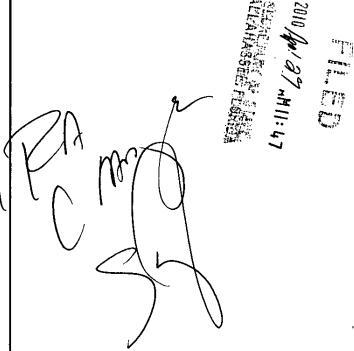
Office Use Only

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COVER LETTER

TO:	Amendment Division of 0						
SUBJECT: Gables Engineering, Inc. Name of Corporation							
DOCU	MENT NUM	IBER:	150263				
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:							
		Lore	n H. Cohen				
	_	Name of	Contact Person				
	_		damsky & Toland, P.A. n/Company				
		ritt	леотрану				
		301 Arthur God	frey Road, Penthouse				
	-		Address				
	_	Miami Bea	ch, Florida 33140				
	Miami Beach, Florida 33140 City/State and Zip Code						
lcohen@mitrani.com							
E-mail address: (to be used for future annual report notification)							
For fur	ther informati	on concerning this matter, ples	se call:				
	L	oren H. Cohen	at (305) 358-0050				
		e of Contact Person	at (305) 358-0050 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporation					
		P.O. Box 6327	Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle				
			Tallahassee, FL 32301				

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

statement of cha	provisions of sections 607.0502, 617.0502, 607. nge is submitted for a corporation organized un	der the laws of the State of Fl	orida	
	r to change its registered office or registered ag	•	rida.	
	he corporation: <u>Gables Engineering, I</u>			
2. The principal	office address: 247 Greco Avenue, Coral	Gables, Florida 33146		
3. The mailing a	ddress (if different): same as above			
4. Date of incorp	poration/qualification: 03/01/1947 [Occument number:	150263	
	street address of the current registered agent an timent of State: (If resigned, enter resigned)	d registered office on file with	the	
	Loren H. Cohen			
	Mitrani, Rynor, Adamsky & Toland, P	.A.		
	1 SE 3rd Avenue, Suite 2200, Miami,	Florida 33131	2010J	
1 SE 3rd Avenue, Suite 2200, Miami, Florida 33131 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Loren H. Cohen Mitrani, Rynor, Adamsky & Toland, P.A.				
	Loren H. Cohen			
	Mitrani, Rynor, Adamsky & Toland, P.O. Box NOT accepta			
	301 Arthur Godfrey Rd., Penthouse, I			
	-			
as changed will				
Such chang authorized by t	s authorized by resolution duly adopted by its board, or the corporation has been notified	board of directors or by an of the change.	officer so	
Ganato	e of an officer or director	Printed or typed name and title	<u> 10,000</u>	
I hereby accept I further agree of my duties, an document is be	the appointment as registered agent and agree of comply with the provisions of all statutes red I am familiar with and accept the obligation in the regist been notified in writing of this change.	e to act in this capacity. lative to the proper and comp of my position as registered	olete performance agent. Or, if this	
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
т	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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