

170195

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MEMBER OF N.Y., C.T.,
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FILED
99 OCT 12 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
111 NORTH CENTRAL PARK AVENUE
HARTSDALE, NEW YORK 10530
(914) 684-0201
FAX (914) 684-0356

October 5, 1999

Priority Mail
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32313

Re: LeDolaine, Inc.
Corp. Number 170195

200003012052--9
-10/12/99--01009--001
271.25 **35.00

Dear Sir or Madam:

With respect to the above referenced transaction, enclosed please find the following documents for filing:

1. Three (3) Resignation of Officers/Directors (filing fee \$ 35.00 each)
2. Resignation of Registered Agent (filing fee \$87.50)
3. Articles of Amendment to Articles of Incorporation of LeDolaine, Inc. (filing fee \$35.00) (certified copy fee \$ 8.75)
4. Statement of Change of Registered Office and Agent (filing fee \$35.00)

I have also enclosed a check for \$ 271.25 to the Florida Department of State for the filing fees for the above. Please return a certified copy of the Articles of Amendment in the self addressed stamped envelope provided.

Very truly yours,



LOUIS J. CARBONE

LJC/nlb

RA Chg.

V. SHEPARD OCT 22 1999

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 Florida 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: LeDolaine, Inc.

2. The mailing address of the corporation is: LeDolaine, Inc. c/o 1165 of Delray, LLC
118 N. Bedford Rd. Ste. 203 Mt. Kisco, NY 10549

3. Date of incorporation/qualification: 8/28/52 Document number: 170195

4. The name and address of the current registered agent and office:
Linda Weeks
4305 Tahiti Drive
Hernando Beach, Fl 34607

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Louis J. Carbone, P.A.
65 NE 4th Avenue
Delray Beach, FL 33483

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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.

Charles Rosner Manager
(Signature of an officer, chairman or vice chairman of the board) (Date)

Charles Rosner
(Printed or typed name and title)

10/ 5/99

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 duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature] 10/ 5/99
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Louis J. Carbone
(Typed or Printed Name)

Attorney
(Capacity)

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