## 280514

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600186828766

10/25/10--01032--011 \*\*35.00

10 OCT 25 PH 3: 46

RARDON8 10/20/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: ALAW & LEE REALTY CORP  Name of Corporation				
DOCUMENT NUMBER: 2805/4				
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:				
TAMARA METCHEL  Name of Contact Person				
ALAN & LEE REALTY CORP				
74° 7597 CINEBAL DK				
Audicos				
SOCA RATIN FL 33438 City/State and Zip Code				
City/State and Zip Code				
dancer baca @ a al . com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
TAMARA METCHEL at (561) 750-0439  Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person 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 Corporations  Division of Corporations				
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				
Tallahassee, FL 32314 2001 Executive Center Circle Tallahassee, FL 32301				

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Flo	FLORIDA
1. The name of	the corporation: Alan & Lee Realty Corp.	
2. The principa	office address: 7597 Cinebar Drive Boca Raton, FL 33433	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 4/16/1964 Document number:	280514
	d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned)	the
	Bernard J. Kessler, Esq.	
	6109 Baiboa Circle STE 103	
	Boca Raton, FL 33433	<b>\$</b> 0
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	10 OCT 25 PM 3: 46
	7597 Cinebar Dr., Boca Raton, FL 33433	2
	P.O Box NOT acceptable	ي بن
_	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an o he board, or the corporation has been notified in writing of the change.	fficer so
Janar Signatu	TAMARA MITCHEL  re of an officer or director  TAMARA MITCHEL  Printed or typed name and title	PRESIDENT
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	elete performance agent. Or, if this confirm that the
X Jama	ma Witchel 10/23/10 mature of Registered Agent 10/23/10	
_	chalf of an entity:	
T	yped or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)