## 325967

(Requestor's Name)	_
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

Division of Corporations
SUBJECT: DISPLAY UNLIMITED, INC.
DOCUMENT NUMBER: 325967
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:
IRA COHEN, ESQ.  (Name of contact person)
Silver, Garrett + Hankel, P.A.
18001 Old Cutter Rd., Ste 600
Miami, F2 33157  (City/state and zip code)
For further information concerning this matter, please call:
Iva Cohen, F. 57 at (305, 377 - 880)  (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## 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, this statement of change is submitted for a corporation organized under the laws of the State of Plovida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DISPLAY UNLIMITED, FAC.
2. The principal office address: 14501 NW GO AVENUE  Miami Lakes PC 33014
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/2/08 Document number: 325907
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
_Tim D. Heukel
1110 Brickell Ave. Penthouse One
Miami, PL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Ira Cohen Fa In
18001 Dld Cit (ev ) 20ad, Svite (P.O. Box NOT acceptable)
Miami, P2 33157 _
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, or the corporation has been notified in writing of the change.
(Signature of an officer of director)  JOEL RIFKIN, Dr. & ident (Printed or typed name and title)
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. Or, if this document is being filed marely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
TRA CONEN (Typed or Printed Name)

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