341007

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

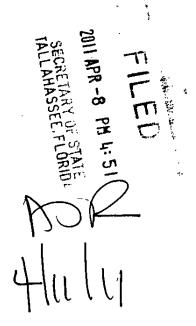
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RA address

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COVER LETTER

TQ:	Amendment Section Division of Corporations					
SUBJ	ECT:	DORTEN, IN	IC.			
DOC	UMENT NUMBER:	341	1007			
The er	nclosed Statement of Change o	f Registered Office/Ag	gent and fee are submitted for filing.			
Please	return all correspondence con	cerning this matter to t	the following:			
		LYNN E. GE	TMAN			
		Name of Contac	t Person			
		DORTEN,	INC.			
Firm/Company						
	2901 VICTORIA CIRCLE, K-4					
	Address					
	COCONUT CREEK, FL 33066 City/State and Zip Code					
	only band and 2.5p code					
	E-mail address: (to be used for future annual report notification)					
	E-mail address:	(to be used for futur	e annual report notification)			
For fu	rther information concerning th	nis matter, please call:				
	LYNN E. GETM	AN a	978-6607			
	Name of Contact Pers	son	Area Code & Daytime Telephone Number			
Enclos	ed is a \$35.00 check made pay	able to the Departmen	it of State.			
	Mailing Add Amendmen Division of P.O. Box 6 Tallahassee	t Section Corporations 327	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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 statement of change is submitted for a corporation organized under	the laws of the State of FLORIDA			
in order to change its registered office or registered agent,	or both, in the State of Florida.			
1. The name of the corporation: DORTEN, INC.				
2. The principal office address: 2901 VICTORIA CIRCLE, K-	4, COCONUT CREEK, FL 33066			
(PRIOR ADDRESS: 848 BRICKELL KEY DR., #360				
3. The mailing address (if different): 2901 VICTORIA CIRCLE				
(Prior address: 848 Brickell Key Dr., #3603, Miami	, FL 33131)			
4. Date of incorporation/qualification: 02/03/1969 Docu	ment number: 341007			
5. The name and street address of the current registered agent and reg Florida Department of State: (If resigned, enter resigned)	gistered office on file with the			
DENNIS J. GETMAN				
848 BRICKELL KEY DRIVE, #3603				
MIAMI, FL 33131				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DENNIS J. GETMAN				
DENNIS J. GETMAN				
2901 VICTORIA CIRCLE, K-4				
P.O Box NOT acceptable COCONUT CREEK, FL 33066	ST F			
	—————————————————————————————————————			
The street address of its registered office and the street address of as changed will be identical.	the business office of its registered agent,			
Such change was authorized by resolution duly adopted by its boa authorized by the board, or the corporation has been notified in wi	rd of directors or by an officer so iting of the change.			
Signature of anothicer or director DEN	INIS J. GETMAN, VICE PRES. Printed or typed name and title			
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of n document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	act in this capacity. e to the proper and complete performance w position as registered agent. Or, if this toffice address, I hereby confirm that the			
Klennis Stehmen	APRIL 5, 2011			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
DENNIS J. GETMAN Typed 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