## 348716

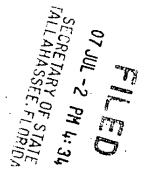
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	NECT: Edwards & Roberts, Inc.
	(Name of Corporation)
DOC	UMENT NUMBER: 348716
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Man	uel Diner
	(Name of Person)
Dine	er & Rodriguez, P.A.
,	(Name of Firm/Company)
773	5 NW 146 Street, Suite 300
***********	(Address)
Miar	mi Lakes, Fl. 33016
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Man	uel Diner at ( 305 ) 825-8151 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi Clifto 2661	Mailing Address:  dment Section on of Corporations n Building Executive Center Circle nassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Edwards & Roberts, Inc.
2. The principal	office address: c/o Lerman and Lerman, P.A., 48 East Flagler Street, Penthouse 101, Miami, Fl. 3313
3. The mailing a	address (if different): Same as above
4. Date of incorp	poration/qualification: 06/30/1969 Document number: 348716
	d street address of the current registered agent and registered office on file with the runent of State:
	Lerman and Lerman, P.A.
	48 East Flagler Street, Penthouse 101
	Miami, Fl. 33131
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office 20
	Alejandro J. Aguirre  AHASSE  ARETARY
	2460 SW 137 Avenue, #253
	(P.O. Box NOT acceptable)  Miami, Fl. 33175
	Miami, Fl. 33175
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
W Signati	ALEJANDRO J. AGUIRRE  (Printed or typed name and title)
I further agree to	t 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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Men (Si)	gnature of Registered Agent) (Date)
If signing on be	chalf of an entity:
(7	Typed or Printed Name)

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