435070

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SECRETARY OF STATE

SEP 2.5 23:5 C. CARLOTHIRE

BERKOWITZ & ASSOCIATES, P.A.

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IAN M. BERKOWITZ

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MAURICE BERKOWITZ

ALSO ADMITTED NEW YORK BAR

DAVID J. BERKOWITZ

September 17, 2015

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed please find, two registered agent change requests, one for Coral Cadillac, and one for Indian Motorcycles. In addition please find an application for registration for a fictitious name for Coral Cadillac.

Also enclosed is Check No. 1593 in the amount of thirty-five dollars (\$35.00) for Coral Cadillac's registered agent fee, and Check No. 1594, in the amount of fifty-five dollars (\$55.00) for Indian Motorcycles' registered agent fee with a certified copy, and Check #1596 in the amount of eighty-dollars (\$80.00) for the application for registration of fictitious name with certification.

Should you have any question, feel free to call me at (561) 982-7800.

Thank you for your assistance in this matter.

Very truly yours,

Ian Berkowitz, Esq

Berkowitz & Associates, P.A.

2101 NW Corporate Blvd., Ste. 300

Boca Raton, FL 33431

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			2, 607.1508, or 617.1508, Florida Statized under the laws of the State of $\frac{FlC}{C}$	
in order	r to change its register	ed office or registe	red agent, or both, in the State of Flor	rida.
1. The name of t	he corporation:	Cadillac, Inc.		
2. The principal	5101	North Federal F	lighway, Pompano Beach Flori	da 33064
2. The principal	office address.			· · · · · · · · · · · · · · · · · · ·
3 The mailing a	ddress (if different):	101 North Fede	ral Highway, Pompano Beach I	Florida 33064
J. The manning a	daless (ii different)			ASE SEP
4. Date of incorp	ooration/qualification:	10/17/1973	Document number: 435070	\$55 P
5. The name and Florida Depar	street address of the c tment of State: (If resign	urrent registered ag gned, enter resigned	gent and registered office on file with t	the 27 STATE
	Mark A. Perry, Es	q.		Em 5
	50 SE 4th Avenue	, Delray Beach	Florida 33483	
6. The name and (if changed):	street address of the n	ew registered agen	t (if changed) and /or registered office	
	lan M. Berkowitz,	Esq.		
	2101 NW Corpora	ite Boulevard, S	Suite 300	
	Boca Raton, Florid	P.O. Box NOT a da 33431	acceptable	
The street addre as changed will	ss of its registered off be identical.	ice and the street a	address of the business office of its re	gistered agent,
			by its board of directors or by an offi ified in writing of the change.	cer so
Kun				
	e of an officer or director		Printed or typed name and title	
I further agree to performance of	o comply with the pro my duties, and I am fa	visions of all statu miliar with and ac	l agree to act in this capacity. tes relative to the proper and comple cept the obligation of my position as ct a change in the registered office a writing of this change.	te registered ddress, I
Towns	1 B. Freuens	The second second	9/10/15	
Sign	ature of Registered Agent	/	Date	
If signing on bel	nalf of an entity:			
Ту	ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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