(603267

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE



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

statement of ch	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida State angle is submitted for a corporation organized under the laws of the State of FL er to change its registered office or registered agent, or both, in the State of Flor	ORIDA		
	the corporation: BERGER & MILLER, P.A. office address: 333 NW 70 Avenue, #101, Plantation, Florida 3331	17		
3. The mailing	address (if different): same as above			
4. Date of incor	poration/qualification: 12/9/71 Document number:	603267	,	
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned) PAUL E. BERGER D.D.S.	the SEC	2009 (
	333 NW 70 Avenue	RE TAP	2009 OCT 19	entr entr
	Plantation, Florida 33317	RY UES		
6. The name an (if changed):		LORIDA LORIDA LANCE	AM 11: 06	ď.
produce the second	ROBERT J. MILLER, D.M.D 333 NW 70 Avenue	¥**	-	
	P.O. Box NOT acceptable Plantation, Florida 33317			
The street addr as changed wil	ress of its registered office and the street address of the business office of its relational.	registered	agent,	
Such change wauthorized by	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so		
1/	ROBERT J. MILLER, P. we of an officer or director Printed or typed name and little			
I hereby accept further agree of my duties, a document is be corporation ha	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 completed in the proper and completed in familiar with and accept the obligation of my position as registered in the registered office address, I hereby as been notified in writing of this change.	lete perfo agent. Oi confirm t	rmance • if this hat the	
Wolne	m. Lewmen /0-N-09 greature of Registered Agent Date	_		
ROBERT	ehalf of an entity: M. NEUMAN Typed or Printed Name			

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