

629170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

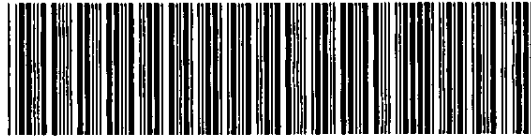
(Business Entity Name)

(Document Number)

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*RAON 10/22/2013*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dade County Corporate Agents, Inc.  
Name of Corporation

DOCUMENT NUMBER: 629170

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:

Lynn W. Fromberg  
Name of Contact Person

Fromberg, Perlow & Kornik, P.A.  
Firm/Company

20295 NE 29<sup>th</sup> Place, Suite 200  
Address

Aventura, FL 33180  
City/State and Zip Code

JPerlow@FBK-Law  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Perlow at ( 305 ) 933-2000  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2013

JEFFREY PERLOW  
20295 NE 29TH PLACE  
SUITE 200  
AVENTURA, FL 33180

SUBJECT: DADE COUNTY CORPORATE AGENTS, INC.  
Ref. Number: 629170

We have received your document for DADE COUNTY CORPORATE AGENTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If the address of the registered agent is changing, please add that to part 6 of your form. If the agent is also changing, please have the new agent sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

Letter Number: 813A00023161

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dade County Corporate Agents, Inc.  
2. The principal office address: 20295 NE 29 Place, Suite 200  
Aventura, FL 33180  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/10/1979 Document number: 629170

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fromberg, Lynn W.  
18901 NE 29 Ave Suite 100  
Aventura, FL 33180

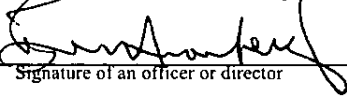
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Fromberg, Lynn W.  
20295 NE 29 Place, Suite 200  
Aventura, FL 33180  
P.O. Box NOT acceptable

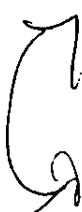
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 or director

X LYNN W. FROMBERG PREC  
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 merely 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:

\_\_\_\_\_  
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