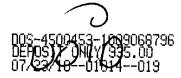
669495

(Re	questor's Name)	
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RACharge News 7-26-10



COVER LETTER

UBJECT:	David m. Sostchin Name of Corporation
OCUMENT N	UMBER:669495
he enclosed Sta	tement of Change of Registered Office/Agent and fee are submitted for filing.
lease return all	correspondence concerning this matter to the following:
	David m. Sostchin
	Name of Contact Person
	David M. Sostchin
	8347 nw 36 St. Svite C-24
	miami, Fl 33166 City/State and Zip Code
	City/State and Zip Code
	Email address: (to be used for future annual report notification)
or further infor	mation concerning this matter, please call:
David	m. Sostchin at 305 3640162 Area Code & Daytime Telephone Number
N	ame of Contact Person Area Code & Daytime Telephone Number

Mailing Address:StAmendment SectionADivision of CorporationsDP.O. Box 6327CTallahassee, FL 3231420

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 prov statement of change	is submitted for a c	corporatio	n organizea	l under the	laws of the S	tate of Flor	
1. The name of the c	change its register orporation:	Davi				P.A.	
2. The principal office Mami		47 3316	nw 6	36	st.	Suite	C-24
3. The mailing addre	ess (if different):		Sam	هـ	مه ر	aboue	
4. Date of incorporat	tion/qualification:	5-8-	80	Docume	nt number:	6694	95
5. The name and stro Florida Department	eet address of the c nt of State: (If resig			t and regist	tered office or	n file with the	
	David	m	<u>, 50</u>	stch	<u>in</u>	 	
	0922	w :	20 P	Aug.	# 40	4	
	Hiale	ah,	FI	33	3016	TALL SEC	
6. The name and stre (if changed):	eet address of the n	ew register				tered office SSE	W 23 T
	David	m	<u>So</u>	stch		نئر بئر	
•	8347	nw	36	84.	Suite	5 C-54	8
	miam		Box NOT acc	3316	φ	<u></u>	gri -
The street address of as changed will be it	of its registered off dentical.	ice and the	e street add	lress of the	e business of	fice of its regist	ered agent,
Such change was au authorized by the be	athorized by resolution or the corporate of the corporate	ution duly ration has	adopted by been notifi	/ its board ed in writi	of directors of the cha	or by an officer inge.	so
Signature of a	in officer or director	-	· -	David	Printed or typed i	sostchir	1 president
I hereby accept the I further agree to co of my duties, and I document is being f corporation has been	omply with the pro am familiar with a iled merely to refl	rvisions of accept ect a chan	all statutes the obligat ge in the ro	gree to ac. s relative t tion of my egistered o	t in this capa o the proper position as r office address	city. and complete p egistered agent s, I hereby confi	performance . Or, if this irm that the
					7-9-	2010	
Signatur	e of Registered Agent		- -	·	Date		············
If signing on behalf	•	.					
David 1	m. Sosti	chin					

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

Typed or Printed Name