(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



03/08/10--01050--014 \*\*35.00

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sandler Travis & Rosenberg A.A.
2. The principal office address: 1000 N.W. 57 Court Suite 600  Miami, FL 33126
3. The mailing address (if different): Scarce
4. Date of incorporation/qualification: 9 8 1980 Document number: 687866
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)
Thomas G. Travis
5200 Bore Lagoon Drive #600
miami, FL 33126
<ol><li>The name and street address of the new registered agent (if changed) and /or registered office (if changed);</li></ol>
Thomas G. Travis
1000 N. W. 57 Court #600
P.O. Box NOT acceptable  P.O. Box NOT acceptable  P.O. Box NOT acceptable
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 office of authorized by the board, or the corporation has been notified in writing of the change.  Signature of an officer or director  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  Date
If signing on behalf of an entity:
Typed or Printed Name

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

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: Sandler Travis & Rosenberg P.A.
DOCUMENT NUMBER: 687866
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:
Tiffany Martinez Name of Contact Person
Sandler Travis & Rosenberg A.A. Firm/Company
1000 N.W. 57 Court Suite 600 Address
Miami FL 33126 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tiffary Martinez at 305 913-3901  Name of Contact Person at 305 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

ed 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