A1800000002482

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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T. CLINE
OCT -2 JUNG

EXAMINER

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

statement of chan	ge is submitted for a corporation organized under the laws of the State of \int	FLORID	DA
in order	to change its registered office or registered agent, or both, in the State of F	ilorida.	
1. The name of the			
2. The principal o	ffice address: 301 E. LAS OLAS BLVD.		
	FT. LAUDERDALE, FL. 33301		
3. The mailing ad	dress (if different):		
4. Date of incorpo	eration/qualification: NOV. 2, 1998 Document number: A9800	0000	2482
	treet address of the current registered agent and registered office on file winent of State: (If resigned, enter resigned)	th the	
(CORPORATION SERVICE COMPANY		
- -	1201 HAYS STREET		
-	TALLAHASSEE, FLORIDA 32301-2525		5-2
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered of	fice of	2018 SEF 2
<u>;</u>	STEVEN W. DEUTSCH, ESQ.	٠ •	c` .
•	1875 NW CORPORATE BLVD., SUITE 100	•	₩ iO:
_	P.O. Box NOT acceptable	b. 2	0: 5
<u> </u>	BOCA RATON, FLORIDA 33431	4.	ů.
The street addres as changed will b	s of its registered office and the street address of the business office of its e identical.	s regist	ered agent,
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an oboard, or the corporation has been notified in writing of the change.	officer	so .
Theres)	of an officer or director The inner series of the control of the	<u>, /) (</u>	}
I further agree to	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and com by duties, and I am familiar with and accept the obligation of my position document is being filed merely to reflect a change in the registered offic that the corporation has been notified in writing of this change.	plete as reg e addr	ristered ess, I
	P/29/18		
Signa	ture of Registered Agent Date		
If signing on behi	alf of an entity:		
Тур	ed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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