## F0000005321

CT CORPORATION SYSTEM

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	() Reinstatement		_
() Limited Partnership	() Annual Report	() Other	_
()LLC	() Name Registration	Change of RA	
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660 East Jefferson Street	PINSION OF 13 BN 1:25		

Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1500 undersigned corporation organized under the laws of the State of IL		tatutes, the
submits the following statement in order to change its registered office State of Florida.		both, in the
1. The name of the corporation is: <u>CARDENAS/FERNANDEZ &amp; ASSOC</u>	IATES, INC.	<u> </u>
2. The mailing address of the corporation is: 850 W. JACKSON BLVD.,	SUITE 750, CHICAGO, IL. 6	50607
3. Date of incorporation/qualification: SEPT. 25, 2000 Documents	ment number: F00000005	321
4. The name and address of the current registered agent and office:		ZO TAL SI
MUNOZ MANUEL		2001 DE SECRE
525 NW 27TH AVE., SUITE 208		EC II
MIAMI, FL 33125.		3 F SEE,
5. The name and address of the new registered agent and office: (P. O.	Box Not Acceptable)	PH 2: FLOR
C T Corporation System	·	A) E
c/o C T Corporation System, 1200 South Pine Island Road	··	- <del>- به</del> حر
Plantation, Florida 33324		
The street address of its registered office and the street address of thagent, as changed, will be identical.	ne business office of its re	egistered
Such change was authorized by fesculution duly adopted by its board authorized by the board.	d of directors or by an off	licer so
- 12 1 X		
(Signature of an officer, chairman or vice chairman of the board)	(Date)	
KIRK HOOD Secretary	12/11/2001	
(Printed or typed name and title)	(Date)	
Having been named as registered agent and to accept service of precorporation, I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the old registered agent.	ocess for the above states and agree to act in this ca to the proper and compl bligation of my position of	d spacity. Sete us
(Signature of Registered Agent)	(Date)	<del> </del>
If signing on behalf of an entity: KIRK HOOD  ASSISTANT SECRETARY		
(Typed or Printed Name)	(Capacity)	
CR2E045(4/95)	FILING FEE:	\$35.00