

706xxxxx05879

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

PA
Change
SS
8/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.A. Rapaport Family Management, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000005879

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:

James Rapaport
Name of Contact Person

Firm/Company

19372 Cedar Glen Drive
Address

Boca Raton, Florida 33434
City/State and Zip Code

wen4jim@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Rapaport at (561) 289-9913
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

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

1. The name of the corporation: J.A. Rapaport Family Management, Inc.
2. The principal office address: 19372 Cedar Glen Drive, Boca Raton, Florida 33434
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/12/06 Document number: F06000005879
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)

Resigned

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

Alfred F. Gal, Jr. c/o Samouce, Murrell & Gal, P.A.

5405 Park Central Court

P.O. Box NOT acceptable

Naples, Florida 34109

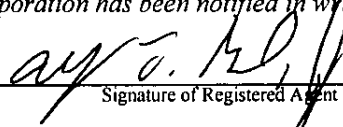
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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

August 2, 2011
Date

If signing on behalf of an entity:

Alfred F. Gal, Jr.
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

CR2E045 (8/05)

2011 AUG 12 AM 9:57
STATE TALLAHASSEE, FLORIDA