## F091111003360

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February 11, 2010

MICHAEL HIRSCHKORN SHAVIT CORPORATION 5300 WEST HILLSBORO BLVD., SUITE A203 COCONUT CREEK, FL 33073

SUBJECT: SHAVIT CORPORATION

Ref. Number: F09000003360

We have received your document for SHAVIT CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35. To make changes to the officers, directors, or registered agent of the corporation, the current year annual report can be filed. The annual report must be filed online at our website www.sunbiz.org.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 910A00003578

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingle is submitted for a corporation organized under the laws of the State of Nevada to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: Shavit Corporation
2. The principal	office address: 5300 West Hillsboro Boulevard, Ste A203
Coconut C	reek, FL 33073
3. The mailing a	ddress (if different):
4. Date of incorp	oration/qualification: Document number:
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	HIRSCHKORN, MICHAEL
	23123 STATE ROAD 7, STE 300
	BOCA RATON FL 33428
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered offices
	5300 WEST HILLSBORO BLVD, STE A203  COCONUT CREEK, FL 33073
;	P.O. Box NOT acceptable
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Mu Signatur	ROBERT COHEN Printed or typed name and title
I further agrée i of my duties, an documentits hei	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of I an familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
- MANA ASIB	nature of Registered Agent  MICHAEL HIRSCHKORN  Date
If signing on be	half of an entity:
	in I - Deleved Manage Control of the

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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