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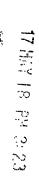


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R. WHILE



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

1. The name of the corporatio	n: Stefan R. Latorre, P.A	<u>.</u>			
2. The principal office addre	ss: 2629 Central Avenue,	Charlotte NC 28205			
The mailing address (if differ	ent):				
3. Date of incorporation/quali	fication: <u>05/30/1997</u>	Document number: F130	0000022	271	
4. The name and street addres Florida Department of State		agent and registered office on file w	ith the		
	Yessica Baskin	(resigned)			
	12163 Hazelmoor Ct.	Jacksonville, FL 32258	15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	17	
	s of the new registered ago	ent (if changed) and /or registered of	••	if	٠.
changed):			ريخاً '	$\overline{\Box}$	• • • •
Jo Ann Barone	Barone La	w Co			1
515 N. Flagler Drive Suite 20	13 West Palm Reach Flo	rida 33401		ယ္က	
515 IV. I lagior Dilvo Suite 20	5 West Faim Beach, Fio	<u>11da 33401</u>	.1	ည	
changed will be identicall Suc an officer so authorized by the	h change was authorized to board, or the corporation	by resolution duly adopted by its boat has been notified in writing of the c	ırd of dir hange.	ectors	or by
	11	Stefan R. Latorre			
Signature of an officer or	director	Printed or typed name and	title		
of my duties, and I am familia document is being filed merely	the provisions of all statu r with and accept the oblig v to reflect a change in the in writing of this change.	l agree to act in this capacity. tes relative to the proper and complegation of my position as registered at registered office address, I hereby to the proper and complete the complete the property of the p	gent. O	r, if thi	S
If signing on behalf of an entit Stefan R. Latori Typed or Printed N	ry: r <i>e , PA</i> Jame	F. 625 00 + + +			
	* * * FILING FE	L: 323,00 " " "			

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

## COVER LETTER

TO: Amendment Section

Division of Corporation	is
SUBJECT: Stefan	R. Latorre, P.A.
	Name of Corporation
DOCUMENT NUMBER:	F13000002271
	nge of Registered Office/Agent and fee are submitted for filing. e concerning this matter to the following:
	JO ANN BARONE
	Name of Contact Person
	BARONE LAW CO. Firm/Company
<u></u>	515 N. FLAGLER DRIVE SUITE 203
	Address
WEST	PALM BEACH, FL 33401
	City/State and Zip Code
	CTEPANOLATORRELAW COM
E-mail addr	STEFAN@LATORRELAW.COM ess: (to be used for future annual report notification)
D man addiv	233. (to be used for future annual report nonneation)
For further information concern	ning this matter, please call:
JO ANN BARONE	
	at (561) 632-4451
Name of Contac	
Enclosed is a \$35.00 check made	de payable to the Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301