F37219

(Requestor's Name)						
(Address)						
: (Ad	ldress)					
(Cit	ty/State/Zip/Phon	e #)				
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SECRETARY OF STATE

COVER LETTER

Division of Corporations						
SUBJECT: DKH LEASING CORP (Name of Corporation)						
DOCUMENT NUMBER: F37218						
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:						
Name of Contact Person)						
(Name of Contact Person)						
HIRSCHHORN & BIEBER P A (Firm/Company)						
, , ,						
550 BILTMORE WAY, PENTHOUSE THREE A						
(Address)						
CORAL GABLES, FL 33134						
(City/State and Zip Code)						
For further information concerning this matter, please call:	(44)					
For further information concerning this matter, piease can.						
JOEL HIRSCHHORN at (305) 445-5320 rea Code & Daytime Telephone Number)					
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
	Tallahassee, FL 32301					

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

statement of chai	nge is submitted for a co	orporation organize	607.1508, or 617.1508, F ed under the laws of the S ed agent, or both, in the St	tate of Florida		
1. The name of the	he corporation: D	KH LEASING CO	ORP.			
2. The principal office address: 550 Biltmore Way, Penthouse Three A						
	·	Coral Gables	, FL 33134	· · · · · · · · · · · · · · · · · · ·		
3. The mailing ac	ldress (if different):					
4. Date of incorp	oration/qualification:	5/28/81	Document number:F	37218		
5. The name and Florida Depart		теnt registered age	nt and registered office on	i file with the		
,	JOEL I	IIRSCHHORN		O6 O		
2600 Douglas Road, Penthouse 1						
•	Coral	Gables, FL 3	3134			
6. The name and (if changed):	street address of the nev	v registered agent (if changed) and /or registe	OF STATE PRID		
			Penthouse Three			
	Coral Gables, FL 33134 (P.O. Box NOT acceptable)					
The street address as changed will b	s of its registered offic be identical.	•		ce of its registered agent,		
			y its board of directors of sed in writing of the char			
)_	JOEL HIRSCHHO	ORN		
	of an officer or director)		(Printed or typed n			
I hereby accept to further agree to of my duties, and document is bein corporation has	he appointment as regi comply with the provi I am familiar with and g filed merely to reflect been notified in writing	stered agent and a sions of all statute l accept the obliga t a change in the r g of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the		
		_	10/16/06			
(Sign	ature of Registered Agent)		(Date)			
If signing on beh	alf of an entity:					
JOEL	HIRSCHHORN	•	_			
(Туј	ped or Printed Name)		•			

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

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