F79670

(Requ	uestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATION

V HERRING MAY 1 2 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: F79670

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:

ENID MILLER PONN

Name of Contact Person

ENID MILLER PONN, P.A.

Firm/Company

12555 ORANGE DRIVE, #243

Address

DAVIE, FL 33330

City/State and Zip Code

ENID@WESTONLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ENID MILLER PONN at 954 862-1787

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: MILLER & PONN, P.A. office address: 12555 ORANGE DRIVE, #243, DAVIE, FL 33330
2. The principal	office address: 12000 ORANGE DRIVE, #240, DAVIE, 1 E 3000
3. The mailing ac	ddress (if different):
4. Date of incorp	poration/qualification: 5/4/1982 Document number: F79670
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	DENNIS PONN
	1525 NORTH PARK DRIVE, SUITE 102
	WESTON, FL 33326
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	ENID MILLER PONN
	12555 ORANGE DRIVE, #243
	P.O. Box NOT acceptable
	DAVIE, FL 33330
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne postd for the porporation has been notified in writing of the change.
	ENID MILLER PONN, DIRECTOR
I hereby accept I further agree t performance of agent. Of, if thi hereby confirm	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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. Date
If signing on be	half of an entity:
Ty	yped 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 * * *