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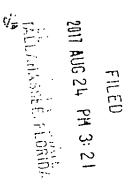
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Muriel Sieb	ert & Co., Inc.	
	Name of Corporation	
DOCUMENT NUMBER:		
The enclosed Statement of Change	of Registered Office/Agent and fee are submit	tted for filing.

Please return all correspondence concerning this matter to the following:

Kristopher Hopkins			
Name of Contact Person			
Muriel Siebert & Co., Inc			
Firm/Company			
9464 Wilshire Blvd			
Address			
Beverly Hills California 90212			
City/State and Zip Code			

City/State and Zip Code

Khopkins@siebertnet.com

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

For further information concerning this matter, please call:

Kristopher Hopkins	at (	,484-5129
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