

# F96000003916

HOLLAND & KNIGHT

Requestor's Name

315 SOUTH CALHOUN STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

300002741579--4

-01/14/99--01052--019

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. D.S. Wolf Associates Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
99 JAN -7 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk-in

☒ Pick up time 2:00

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Print
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer, Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Statement of  
change of registered  
agent

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Restatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Joe 1/14



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 7, 1999

HOLLAND & KNIGHT

TALLAHASSEE, FL

SUBJECT: D.S. WOLF ASSOCIATES, INC.  
Ref. Number: F96000003916

We have received your document for D.S. WOLF ASSOCIATES, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

The document must have original signatures.

Please return the enclosed check for \$35.00 or a newly issued check with your corrected document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6908.

Teresa Brown  
Corporate Specialist

Letter Number: 199A00000830

Please use Jan. 7th, 99

Filing date

THANKS

HOLLAND & KNIGHT  
WALK IN  
PICK UP AT 1:00

RECEIVED  
JAN 14 AM 10:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Florida Department of State, Sandra B. Mortham, Secretary of State

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

**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, the undersigned corporation organized under the laws of the State of NEW YORK submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: D.S. Wolf Associates, Inc.
2. The mailing address of the corporation is: 330 Madison Avenue  
New York, NY 10017-5001
3. Date of incorporation/qualification: 08-01-96 Document number: F96000003916
4. The name and address of the current registered agent and office:  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Intrastate Registered Agent Corporation  
701 Brickell Avenue, Suite 3000  
Miami, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors and is hereby authorized by the board.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

12/2/98  
(Date)

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Steven H. Hagen

(Typed or Printed Name)

Vice President

(Capacity)