9800002148 Address

#####35.00 ******35.00 *******35.00

	Office Use Only	
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	
	BRIEN INC (Document #)	
2. (Corporation Name)	(Document #)	
GOORDONATION Name)	(Document #)	
4. (Corporation Name) Walk in Pick up time	(Document #) Certified Copy	
Mail out Will wait	Photocopy Certificate of Statu	8 1 2 3
NEW FILINGS □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other	=== =<	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	

Examiner's Initials

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

the undersigned corporation organized under the laws of the State of		
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: Blind + O'Brien, Inc		
2. The mailing address of the corporation is: 1940 Tigertail Blvd.		
Dania, FL 33004		
3. Date of incorporation/qualification: 4-10-98 Document number: F98 40000 2148		
4. The name and address of the current registered agent and office:		
Corporation Services Company		
Tallahassee, FL 32301		
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
O. A. Kidnicki Dance (ATTN: Part tames) Scott G. Blind		
One E. Broward Blod # 1600 1940 Tigertail Blod.		
Electrode de 1830/ Dania, FL 33004		
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 or by an officer so authorized by the board.		
(Signature of the Chairman of the board) (Date)		
(Signature of an officer (chairman of the board) (Date)		
(Printed or typed name and title)		
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.		
By: Cliff 1 / 1-6-00		
(Signature of Registered Agent) (Date)		
If signing or total of an entity:		
(Typed of Printed Name) (Capacity)		
* * FILING FEE: \$35.00 * *)		
CP2EO45(7/97)		

P. O. Box 6327

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314