

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

REGISTERED AGENT CHANGE

WEST PALM BEACH SIERRA, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statul ange is submitted for a corporation organized under the laws of the State of Pettl for to change its registered office or registered agent, or both, in the State of Florid	nsylvani	<u>a.</u>
1. The name of	the corporation: WEST PALM BEACH SIERRA, INC.		
2. The principa	office address: 409 Broad Street, Ste. 203		
Sewickly	r, PA 15143		
3. The mailing	address (if different):		
4. Date of incor	pozation/qualification: 12/01/1999 Document number: 19900000	6196	
	d street address of the current registered agent and registered office on file with the runent of State:		
•	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	istreet address of the new registered agent (if changed) and /or registered office		0EC -9
	Corporation Service Company		32
	1201 Hays Street		Ÿ
	(P.O. Box NOT ecoquable)		35
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street address of the business office of its regis be identical.	riered ager	it,
Such change was authorized by th	is anthorized by resolution duly edopted by its board of directors or by an office a board, or the comporation had been notified in writing of the change.	t 80	
	Mark Gind of pred hamb and build	det_	
I hereby accept if further agree to of my duties, and tocument is belicarporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statistes relative to the proper and complete to an familiar with and accept the obligation of my position as registered agents filled merely to reflect a change in the registered office address, I hereby confiber notified in writing of this change.	performan t. Or, if th irm that th	e e
By:	ion Service Company 2 12-9-08 (Onto)	- 	
f signing on beh	nalf of an emity:		
<u> </u>	șits agent		
	ped or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

MARE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)