G11864

	*	
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	***

Office Use Only



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12/13/06--01017--013 **35.00

2006 DEC 13, PM 12: 34
SECRETARY OF STATE
ANA SSEE FLORIDA

COVER LETTER

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, is	
statement of ch	change is submitted for a corporation organized under the laws of the State of Florida refer to change its registered office or registered agent; or both in the State of Florida.	
计外级的 统		
	of the corporation: Arthur W. Gundling, P.A.	The Table was and Activities
2. The principa	pal office address: 7520 NW 5 Street, Suite 200, Plantation, Florida 33317	
3. The mailing	ng address (if different):	
4. Date of inco	corporation/qualification: 12/06/1982 Document number: G11864	
	and street address of the current registered agent and registered office on file with the epartment of State:	
	Arthur W.Gundling	<u></u>
	1701 W. Hillsboro Blvd., Suite 207	11
	Deerfield Beach, FL 33442	DEC 13
6. The name ar (if changed):	and street address of the new registered agent (if changed) and /or registered office d):	FILE OF STATE
	Arthur W. Gundling	编 孕
	7520 NW 5 Street, Suite 200	<i>P</i>
	(P.O. Box NOT acceptable)	
	Plantation, FL 33317	
as changed wi	ddress of its registered office and the street address of the business office of its registe will be identical.	-
Such change vauthorized by	e was authorized by resolution duly adopted by its board of directors or by an officer by the board, or the corporation has been notified in writing of the change.	so
	gnature of an efficier or director) Arthur W. Gundling (Printed or typed name and title)	
I hereby accept further agree of my duties, a document is but	cept the appointment as registered agent and agree to act in this capacity. The thick capacity is the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. The being filed merely to reflect a change in the registered office address, I hereby confirm has been notified in writing of this change.	erformance Or, if this orm that the
	12-8-06	
	(Signature of Registered Agent) (Date)	
If signing on b	n behalf of an entity:	
	(Total or Deletal Marie)	
	(Typed or Printed Name) * * * FILING FEE: \$35.00 * * *	
	E HAZALTER E ANDIO GOUDIOU	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314