## J21290

(Requestor's Name)							
ı							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(GR) Glata Z.P. Hono ")							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
<u> </u>							
Special Instructions to Filing Officer:							
·							
·							

Office Use Only



100076973101

07/11/06--01005--001 \*\*35.00

OG JUL II AM 8: 02
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

GY RA

## **COVER LETTER**

TO: Amendment Division of	Section Corporations	
SUBJECT: MI	CHAEL LINET, INC (Name of Cor	poration)
DOCUMENT NUM	IBER: J21290	·
The enclosed Statem	ent of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all corr	espondence concerning this matter to	o the following:
	Michael Linet	
_	(Name of Conta	act Person)
	MICHAEL LINET, INC.	·
_	(Firm/Com	ppany)
	3215 KAREN DRIVE	
	(Addre	SS)
_	DELRAY BEACH, FLORIDA	
	(City/State and	• ,
For further informati	on concerning this matter, please cal	l:
Michael Linet (Nam	e of Contact Person)	at ( 305 ) 632-0885 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	check made payable to the Departme	ent 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

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

statement of cha	nge is submitted	tions 607.0502, 61 for a corporation egistered office or	organized und	der the laws of	the State of F	orida		
1. The name of t	he corporation:	MICHAEL LINE	T, INC.					
2. The principal	office address:_	3215 Karen Driv	e, Delray Bea	ach, Florida 33	1483 ,			
3. The mailing a	ddress (if differe	ent): same as at	oove					
4. Date of incorp	oration/qualific	ation: 06/26/1986	D	ocument numb	per: <u>J21290</u>			
	l street address o tment of State:	f the current regist	ered agent and	l registered off	ice on file with	the		
	Michael Lin	et						
	3440 South	Ocean Boule	vard, Suite	101-South		آج کارٹ	20	
	Palm Beacl	h, Florida 3348	0		•	LAH	11 JUL 90	***
6. The name and (if changed):	street address o	f the new registere	d agent (if cha	nged) and /or	registered office	ASSEE. F	II AM	
	Registered	Office Change	Only - Nev	/ Address		STA TLOR	8	C
	3215 Kare		·····			IDA IDA	2	
	Delrav Bea	(P.O. Box NOT acc	• •		•			
The street addre as changed will		red office and the		of the busines	ss office of its r	egistered ag	gent,	
Such change wa authorized by th	s authorized by the board, or the	resolution duly accorporation has be	dopted by its een notified in	board of direct writing of the	tors or by an of e change.	fficer so		
Mice!	re of an officer or dire	ector)	Mich	nael Linet, P	President typed name and title	<del>:</del> )	_	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointmen o comply with to d I am familiar ng filed merely i been notified in	t as registered age he provisions of a with and accept th to reflect a change writing of this ch	ent and agree ll statutes relo ne obligation e in the regist nange.				ance f this t the	
Min	nature of Registered	Agent		7/3/0	26			
If signing on bel	_	•		/ /	(Date)			
Michael Li	net							
(T	yped or Printed Name	)			,			

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