

BISCAYNE CENTRE • SUITE 503 11900 Biscayne Boulevard Miami, FLORIDA 33181

Post Office Box 546702 Bal Harbour, FLORIDA 33154

TELEPHONE (305) 866-6434 FACSIMILE (305) 866-7159

January 30, 2002

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Change of Registered Office

Re: Sam Robin Interior Design, Inc.

400004864894--9 -02/04/02--01082--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear sir or madam:

I enclose my trust account check in the amount of \$35.00 payable to the Division of Corporations to file the Statement of Change of Registered Office for the above referenced corporation.

Very truly yours,

Linda M. Smith

LMS:slc Enc.

APR 2/8/02

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

## 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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: \_\_\_\_ SAM ROBIN INTERIOR DESIGN, INCORPORATED 1b. The mailing address of the corporation is: 1000 VENETIAN WAY, SUITE 112 MIAMI, FLORIDA 33139 1c. Date of incorporation: , 06/05/1987 Document number: \_\_I76564 The name and address of the current registered agent and office: LINDA M. SMITH, ESO. 11900 Biscayne Blvd., Suite 200 Miami, Florida 33181 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) LINDA M. SMITH, ESQ. 11900 Biscayne Blyd., Suite 503 2 Florida 33181  $\nabla$ 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. 12/07/01 runding of an officer, chairman or vice chairman of the board (Date) S. ROBIN, PRESIDENT (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 12/07/01 (Signature of Registered Agent) (Date) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327. Tallahassee, FL 32314

CR2E045(11/94)

FILING FEE: \$35.00

(Typed or Printed Name)