## J98726

Requester's	Name	
Addre	ess	
City/State/Zip	Phone #	

CR2E031(7/97)

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Office Use Only

Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Corporation Name)  (Corporation Name)  (Corporation Name)	(Document #)	OO NOV 20 AM 8:
(Corporation Name)	(Document #)	8: 03
(Corporation Name)  Walk in Pick up time Mail out Will wait  NEW FILINGS Profit Profit Limited Liability Domestication Other  OTHER FILINGS	Photocopy  Certification  AMENDMENTS  Amendment Resignation of R.A., Officer/D Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICAT  Foreign Limited Partnership Reinstatement Trademark Other	<u>:::::::::::::::::::::::::::::::::::::</u>

## STATEMENT OF CHANGE OR 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 Florida 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: HARB BROT	HERS, I	NC.				
2.	Then mailing address of the corporation is:		34 <sup>th</sup> Street, 3 <sup>rd</sup> do, Florida 3				
3.	Date of incorporation/qualification: October 20,	1987	Document 1	number: J98	726		
4.	The name and address of the current registered a	ngent and	i office:				
5.	Mr. Atef Tom Harb 3700 34th Street Orlando, Florida 3280				ALLA HASSE	00 NOV 20 AM 8: 03	
3.	The name and address of the new registered ager  Michael C. Sasso, Esqu Dempsey & Sasso 390 North Orange Aver Orlando, Florida 32801	nire nue, Suit		x Not Accep	otable) FLORIDA	AM 8: 03	
change	reet address of its registered office and the street ad ed, will be identical.						
by the	change was authorized by resolution duly adopted b board.  (Signature observation, chapman or vice chairman of the board)	y its boa	rd of directors	for by an off	ficer so at	ithorize د	ed.
<u> </u>	(Printed or typed name and title)		2 PT 1		=	:	
nereby with th familia	g been named as registered agent and to accept selve accept the appointment s registered agent and agent and agent and statutes relative to the proper ar with and accept the obligation of my position as (Signature of Registered Agent)	ree to ac · and con	rt in this capac mplete perfori	city I furthe	r agree to	າ ເດກກາ	h
	(Typed or Printed Name)		**	(Capacity)	r		
	*** FILING FFF	• \$35 AA	***				

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314