K13869

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
_ (City	y/State/Zip/Phone	#)
PICK-UP	WAIT /	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE
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December 23, 2008

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Address Change for Eduardo I. Rasco, P.A.

EDUARDO I. RASCO
ALAN S. ROSENTHAL
Certified Civil Mediator
KERRY E. ROSENTHAL
Florida Board Certified Real Estate
Attorney
IESSICA B. LASSMAN

STEVE M. BIMSTON KEVIN S. GROSSFELD HEATHER A. SCOTT MARIN S. SHABSELS

Certified Family Mediator

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Agent/Office for Eduardo I. Rasco, P.A., together with the required filing fee of \$35.00. Please contact me with any questions.

Sincerely,

ROSENTHAL RASCO,LLC

RY

Heather A. Scott, Esq.

COVER LETTER

TO: Amendment S Division of Co				
SUBJECT: EDUA	RDO I. RASCO, P.A. (Name of C	orporation)		
DOCUMENT NUME	ER: K13869			
The enclosed Statemer	at of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
Heather Scott (Name of Contact Person)				
	(Name of Cor	ntact Person)		
	Rosenthal R	osenthal Rasco		
Rosenthal Rosenthal Rasco (Firm/Company)				
	20900 NE 30 Ave, Suite (Add	e 600, Aventura, FL 33180 ress)		
Aventura, FL 33180 (City/State and Zip Code)				
	•	-		
For further information	concerning this matter, please of	rall:		
He (Name	eather Scott of Contact Person)	at (<u>305</u>) <u>937-0300</u> (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 c	neck made payable to the Depart	ment 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 change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Floritation.	Florida
1. The name of the corporation: EDUARDO I. RASCO, P.A.	
2. The principal office address: 20900 NE 30 AVE. SUITE 600, AVENTURA, FL 33	3180
3. The mailing address (if different):	
4. Date of incorporation/qualification: <u>02/04/1988</u> Document number: <u>K13869</u>	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	ne
EDUARDO I. RASCO	2008 SE TAL
2875 NE 191ST STREET, SUITE 500	Z008 DEC : SECRETATALLAHA
AVENTURA, FL 33180	29 P ARY O ASSEE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	· 71 TK #
EDUARDO I. RASCO	7.5
20900 NE 30 AVENUE, SUITE 600 (P.O. Box NOT acceptable)	
AVENTURA, FL 33180	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board or the corporation has been notified in writing of the change.	ícer so
(Signature of an officer or director) Edvardo T Rasi	co, Pres-
(Signature of an officer or director) 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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being fited merely to reflect a change in the registered office address, I hereby cocorporation has been polified in writing of this change.	
Ulae 12/22/08	
(Signature of Registered Agent) If signing on behalf of an entity:	
(Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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