K22137

Hubermen H1408 19955 NE 38 to cs aventura Fla 33180

City/State/Zip

Phone #

Office Use Only

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

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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication -	
	Other	

AMENDMENTS
 Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
 Dissolution/Withdrawal
Merger

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OTHER FILINGS
Annual Report
 Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
 Limited Partnership
 Reinstatement ===
 Trademark
Other

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Examiner's Initials

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.
1. The name of the corporation is: (45/00) + NIERIORS, LIVC.
2. The mailing address of the corporation is: 16/00 NE 16 Th AVENUE
SUITE B. No. MIAHI Beach, 7/33162
3. Date of incorporation/qualification: 14-22-88 Document number: 122/37
4. The name and address of the current registered agent and office:
LIERECHAN TEMME
19955 N.F. 38 TOCH 3T1403 FE 2
AVENTURA FIA 33180
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
LIEBFRIAN TERME
19955 N.E. 38th of 31 1403 3
AVENTURA, FLA 33/80
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.
9/17/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
JERNYF LIERFRYAN PRES. 9/17/02
(Printed or typed name and title) (Date)
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 performed agent and I am familiar with and accept the obligation of my position as
registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
JEROME HIERERMAN
(Typed or Printed Name) (Capacity)