K57825

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COVER LETTER

TO: Amendment Section Division of Corporations Tabas & Soloff, P.A. Name of Corporation The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lise Shortino Name of Contact Person Tabas & Soloff, P.A. Firm/Company 25 S.E. 2nd Avenue, Suite 248 Address Miami, FL 33131 City/State and Zip Code Ishortino@tabassoloff.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lise Shortino Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department 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 subm	itted for a corporation orgar)2, 607.1508, or 617.1508, Florida Sta nized under the laws of the State of <mark>Flo</mark> ered agent, or both, in the State of Flo	rida	iis 	
1. The name of the corporati	_{on:} Tabas & Soloff, P	P.A.			
2. The principal office addre	25 S.E. 2nd Aven	ue, Suite 248, Miami, FL 3	33131	3	
3. The mailing address (if di	fferent):				
4. Date of incorporation/qua	lification: 1/12/1989	Document number: K57825			
	ess of the current registered a te: (If resigned, enter resigne	agent and registered office on file with ed)	the		
Joel L. 1	Tabas				
14 N.E.	First Avenue, PH		cont		
Miami, F	FL 33132		1. 4	17 H	
6. The name and street addre (if changed):	ess of the new registered age	nt (if changed) and /or registered offic	e	N 15	
Joel L. 7	「abas				. <u></u>
25 S.E. 2nd Avenue, Suite 248		248		3: 53	
Miami, F	P.O. Box NOT	acceptable	<i>a</i> *		
The street address of its reg as changed will be identical	istered office and the street.	address of the business office of its re	egistere	d ager	nt,
Such change was authorized authorized by the board, or	l by resolution duly adopted the corporation has been no	l by its board of directors or by an off tified in writing of the change.	icer so		
Signature of an officer of	<u> </u>	Joel L. Tabas, President Printed or typed name and title			
I further agree to comply we performance of my duties, a	ith the provisions of all state and I am familiar with and a is being filed merely to refl	d agree to act in this capacity. utes relative to the proper and complo ccept the obligation of my position a ect a change in the registered office on maining of this change.	s regisie	ered I	
Signature of Register	red Agent	May 9, 2017			
If signing on behalf of an er					
Tabas & Soloff, P.A	,, 				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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