K59770

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dan 188/18 Chertainers, lines.
DOCUMENT NUMBER: K59770
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:
Man J. Werksman (Name of contact person) Olan J. Werksman, Estimation (Firm/Company)
2650 N. Military TRAIL - Swete 150 Bocalaton FZ 33431 (City/state arld zip code)
For further information concerning this matter, please call:
(Name of contact person) at (56) 988-6411 (Area code & daytime telephone number)

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 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

 The name of the co The principal office 	e address: ALAN J. WERKSM	16) Circles to incl extrail	^5; <u>.</u>
	SUITE 150	ALAN J. WERKSMAN, ESQ. DA 334312650 N. MILITARY TRAIL	
3. The mailing addre		SUITE 150	
		BOCA RATON, FLORIDA 33431	
4. Date of incorporat	ion/qualification: 1/20/89	_ Document number:K59.7	70
5. The name and stre Florida Departmen	et address of the current registered agen	t and registered office on file with the	
<u> </u>	Olan J. Werksma	n. ESa.	
p.,	160 SW 18th Au	e, Steloib	
	Deerfield BCA	Fr. 33442	-
6. The name and stre	et address of the new registered agent (i	f changed) and /or registered office	3
(if changed):	Ç û .	HAS	
	ALAN J. WERKSMAN, ESO	To	S . T . C
	2650 N. MILITARY TRAIL (P.O. SAITED 150 eptable)		= ~
	BOCA RATON, FLORIDA 3343	1 RIDA	: 28
The street address o as changed will be i	f its registered office and the street addentical.	dress of the business office of its regist	tered aş
Such change was au	thorized by resolution duly adopted b	y its board of directors or by an officer led in writing of the change.	r so
authorized by the so	ard, or helcorporation has been notifi	ed in writing of the change.	Ι.
Company of Di	an officer or director)	DAVID Luber S	*4
W / -\	1 1	agree to act in this capacity.	- 1
I further agree to co	mply with the provisions of all statute om familiar with and accept the obliga	agree to act in this capacity. Is relative to the proper and complete parties of my position as registered agent egistered office address, I hereby conf	oerforin t. Or, i
document is being for corporation has been	iled merely to reflect a change in the r Anotified in writing of this change.	egistéred óffice address, I hereby conf	ìrm thá
Moora	Della Lever	Stinles	
(Signatur	e of Registered Agent)	(Date)	
If signing on behalf	of an entity:		
11/10 8	1.100/101-		
(0)\(\frac{1}{2}\)	Wealshon		

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