K65634

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



700208935697

06/20/11--01026--021 **35.00

RA Loch

FILED

11 JUN 20 AM 8: 54

SECRETARY OF STATE
SECRE

1 22 11

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Five Hundred	nvestment Corp. of Corporation				
Name	or corporation				
DOCUMENT NUMBER:	K65634				
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:					
	ri McKelvie				
Name of Contact Person					
Lipson, Neilson, C	Cole, Seltzer & Garin, P.C.				
Fir	m/Company				
3910 Telegr	aph Road, Suite 200 Address				
	Audios				
Diamfield U	illo Michigan 49202				
Bloomfield Hills, Michigan 48302 City/State and Zip Code					
kmckelvie@lipsonneilson.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, ple	ease call:				
To future information concerning this matter, pr	ouse carr.				
Kari McKelvie	at (248) 593-5000 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section				
Division of Corporation	ns Division of Corporations Clifton Building				
P.O. Box 6327 Tallahassee, Ft. 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Floi I under the laws of the State I agent, or hoth, in the State	e of Florida
	he corporation: Five I		•	oca Raton, Florida 33487
3. The mailing ad	ddress (if different):			
4. Date of incorp	oration/qualification:	02/14/1989	Document number:	K65634
	street address of the curtiment of State: (If resign		t and registered office on fi	le with the
	Sharon Kohn 17379 Dunedun C	ourt		
	Boca Raton, Floric	la 33496		- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registere	ed office
	Gilbert A. Kohn 7601 North Federa	al Highway, Suite		TALL HASSEE, FLORIDE STATE
	Boca Raton, Florid			P
The street addre as changed will	ss of its registered office be identical.	ce and the street add	dress of the business office	of its registered agent,
Such change wa authorized by the	s authorized by resolute board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	oy an officer so e.
Signatur	e of an officer or director		Gilbert A. Kohr Printed or typed name	n, President
I further agree to of my duties, and document is being the control of the control	o comply with the prov d I am familiar with an	risions of all statute. Id accept the obliga ect a change in the re	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	d complete performance istered agent. Or, if this
	June 13, 2011		2011	
Gilbert A If signing on be	nature of Registered Agent Kohn half of an entity: BEN A K	b H e	Date	

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