

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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EXAMINER

DEC 1 5 2008

From:

Account Name

: SEIDEN, ALDER, MATTHEWMAN & BLOCH

Account Number : I20060000136

: (561)416-0170

Fax Number

: (561)416-0171

REGISTERED AGENT CHANGE

JOEL B. ROTHMAN, P.L.

.~ Division of Corporations

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Joel B. Rothman, P.L. (Name of Corporation)	on)			
DOCUMENT NUMBER: L02000001253				
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Joel B. Rothman				
(Name of Contact Per	son)			
Seiden, Alder, Matthewman & Bloch, P.A. (Firm/Company)				
7795 NW Beacon Square Blvd (Address)	d., Suite 201			
Boca Raton, Florida 33487 (City/State and Zip Co	ode)			
For further information concerning this matter, please call:				
Joel B. Rothman at (S) (Name of Contact Person)	561 416-0170 Linea 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E045 (8/05)

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

statement of cha	nge is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this wed under the laws of the State of Florida red agent, or both, in the State of Florida.	· ——		
1. The name of ti	he corporation: Joel B. Rothman,	P.L.			
		rive, Boca Raton, Florida 33434			
3. The mailing ac	•			<u> </u>	
4. Date of incorp	oration/qualification: January 9, 20	002 Document number: L02000001253			
	street address of the current registered agment of State: (If resigned, enter resigned				
	Joel B. Rothman				
	2300 Glades Road, Suite 340	W			
	Boca Raton, Florida 33431				
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office			
	Joel B. Rothman				
	7795 NW Beacon Square Bl	lvd., Suite 201			
	(P.O. Box NOT acceptable) Boca Raton, Florida 33487				
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its registered	l agent,		
Such change wa authorized by the	s authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.			
Skenatu	re of an officer or director)	Joel B. Rothman (Printed or typed name and title)			
I hereby accept I further agree to of my duties, and document is bely corporation has	the appointment as registered agent and o compty with the provisions of all statu d I am familiar with and accept the oblis ng filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete perfo gation of my position as registered agent. Of registered office address, I hereby confirm t	rmance r, if this that the		
Cell	2	12/12/08			
J	nature of Registered Agent)	(Date)			
If signing on bel	·		ALC:	08	
Joel B. F		·		DEC	
(1	yped or Printed Name) * * * FILING FE	E: \$35.00 * * *	200	- - -	
M/ CR2E045 (8/05)	Make checks payable to Flor all to: Division of Corporations, P.O.	RIDA DEPARTMENT OF STATE	SEE FLOI	<u>₹</u>	Ö