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National Registered Agents, Inc.

"NRAI, the best choice for statutory representation"

FILING REQUEST

December 9, 2005

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

OR COLAN ASSOCIATES OF FLORIDA, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE/ REGISTERED AGENT/OFFICE

Supporting Documents(s):

NONE

Check Enclosed:

CHECK# 1700

FOR \$ 35

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

PLEASE CALL ME AT: 1 877-261-6823 IF THERE ARE ANY QUESTIONS.

Thank you!

KAREN REDMAN

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: \underline{C}). R. COLAN ASSOCIATES OF FLO	ORIDA, LLC
2. The mailing address of the limited liability comp		
11/26/01	L03000012029	•
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on th	ne records of the
Catherine Colan Muth		
<u> </u>	Vame	
439 N.E. 7TH AVENUE		
Ac	ddress	22
FT. LAUDERDALE FL 333		AL S
City, St	ate and Zip	AT MO
6. The name and address of the new registered ager	nt and/or office:	2005 DEC 12 PM
NRAI Services, Inc.		FF 2 C
Na 2731 Executive Park Drive	ime , Suite 4	2: 20 65.4110 FLORID
Florida street address (l	P.O. Box NOT acceptable)	DA CO
Weston	FL 33331	
City, Stat	te and Zip	
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the change of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company.	le, the Florida street address of the be identical. Or, in the case of a pange(s) was/were authorized by	ne registered office Florida limited an affirmative vote of
John Shelton Secretary		
(Printed or typed name of signee)		

(Signature of Registered Agent)
Karen Redman. Assistant Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

... .

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAL Services. Inc.

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability com	pany is: O. R. COLAN ASSOCIATES OF	FLORIDA, LLC	
2. The mailing address of the limited lia			
11/26/01	L03000012029	· · · · · · · · · · · · · · · · · · ·	
3. Date of filing/registration in Florida	4. Document nun	iber	
5. The name of the registered agent and Florida Department of State:	the registered office address as shown of	on the records of the	
Catherine Cola	an Muth		
	Name		
439 N.E. 7TH	AVENUE	2	
	Address	•	
FT. LAUDERD	ALE FL 33301-1207	~	
City, State and Zip			
6. The name and address of the new regi	stered agent and/or office:	FILI 2005 DEC 12 IV.JICA. HASS	
NRAI Services,	. Inc.	12	
	Name		
Florida stree	t address (P.O. Box NOT acceptable)	2: 20 PLORIDA	
Weston	FI_ 33331		
	City, State and Zip		
If the limited liability company is not or confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed the members of the limited liability com the operating agreement of the limited liability company.	es are made, the Florida street address of agent will be identical. Or, in the case of that the change(s) was/were authorized pany or as otherwise provided in the art	of the registered office of a Florida limited I by an affirmative vote of	
(Signature of a member or authorized representative	of a member)		
John Shelton Secretary			
(Printed or typed name of signee)		. 1	
I hereby accept the appointment as regicomply with the provisions of all statute and I am familiar with and accept the old Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limite NRAI Services. Inc.	stered agent and agree to act in this cap is relative to the proper and complete pe oligations of my position as registered a s being filed to merely reflect a change d liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)			
Karen Redman, Assistant Secretary Division of Corporat	tions, P.O. Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00