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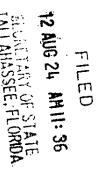
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dr. Raphael Wala Name of Limited	PLLC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Raphael Wald Name of Person	
Dr. Raphael Wald, PLLC Firm/Company	
7777 Glades Road, Suite 100	<u>. </u>
Boxa Raton, FL 33434 City/State and Zip Code	
E-mail address: (to be used for future amusi peport notification	Com
For further information concerning this matter, pleas	se call:
Raphae Wald at (5	6/ 245-4622 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amou	int:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

3 3	
1. Name of the limited liability company: Dr. Ro	sphael Wald PLLC
2. (a) Principal office address of limited liability compa	ny: 7777 Glader Road
(Note: MUST BE STREET ADDRESS)	Suite 100 Boca Raton, FL 33434
(b) Mailing address of limited liability company:	77776/ades Road
(Note: MAY BE POST OFFICE BOX)	Suite 100 Boco Raton, EL 33434
3. Date of filing/registration in Florida	
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida Dept. of State:
Registered Agent:	United States Conforation Agents, Inc
Registered Office Address:	13302 Winding Oaks Blud. Suite A. Tames EL 336 120 =
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	Raphael Walding
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 100 PATE 10033434
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote
Raphael Wald Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties to the pand of the company of the pand of the limited liability company of the liability of	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	