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WEST BROW	C DORSKY, P.A. ATTORNEY AT LAW VARD PROFESSIONAL BUILDING GRIFFIN ROAD, SUITE 220 AVIE, FLORIDA 33314	Office Use Only	TATORIAN PILED
CORPORATION	NAME(S) & DOCUMENT NUMBER(S), (if known):	NG T
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Walk in Mail out NEW FILINGS Profit NonProfit	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director	Certified Copy Certificate of Status	02869643! 5/10/9901111019
Walk in Mail out NEW FILINGS Profit NonProfit Limited Liability	Pick up time Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	Certified Copy Certificate of Status	02869643! 5/10/9901111019
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CR2E031(1/95)

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of $\underline{\text{Florida}}$ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is:Eric Dorsky, P.A.
1b. The mailing address of the corporation is: PO Box 292228, Davie, FL 33329
1c. Date of incorporation: 10-24-89 Document number: L25140
1c. Date of incorporation: 10-24-89 Document number: L25140 2. The name and address of the current registered agent and office: Eric Dorsky 4430 SW 64th Avenue Davie, FL 33314
4430 SW 64th Avenue
Davie, FL 33314
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)
7320 Griffin Road, Suite 220
Such change was authorized by resolution duly adopted by its board of directors or by an office so authorized by the board.
<u> </u>
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent,
5/6/99
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) Individually (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00