## L32963

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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ACCOUNT NO. : 12000000195
REFERENCE : 408792 7142424
AUTHORIZATION :
COST LIMIT: \$ 35 Spells of man
ORDER DATE: November 2, 2012
ORDER TIME : 4:59 PM
ORDER NO. : 408792-010
CUSTOMER NO: 7142424
CHANGE OF AGENT
NAME: LARVEN, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Harry B. Davis EXT# 2926
EXAMINER:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
•	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Larven, Inc.
2. The principal	office address: c/o Iven Taub, 12 Dante Street, Larchmont, NY 10538
3. The mailing a	address (if different): C/o L.S. Taub, 1447 Seville Road, Santa Fe, NM 87605-4647
4. Date of incor	poration/qualification: 11/30/1989 Document number: L32963
5. The name and Florida Depart	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Irving Lesnick
	1200 N. Federal Hwy - Suite 209
	Boca Raton, FL 33432-2845
6. The name and (if changed):	1200 N. Federal Hwy - Suite 209  Boca Raton, FL 33432-2845  I street address of the new registered agent (if changed) and /or registered office VS Corporation Service Company  1201 Hays Street
	Corporation Service Company
	1201 Hays Street 28
	P.O. Box NOT acceptable  Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	us authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	INSN TOUS VICE PASSICUTO
	re of an officer or director Printed or typed name and title
ageni. Or, ij in hereby confirm	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.  In Service Company
By:	nature of Registered Agent /// Date
Ÿ	half of an entity: Harry B. Davis
2/5/11/15 on 00	Asst. Vice President
T	pod or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)