KOCHMAN & BRAUN PLC

Esperanté 222 Lakeview Avenue, Suite 930 West Palm Beach, Florida 33401

Ronald S. Kochman Also admitted in New York Tel: (561) 802-8960 Fax: (561) 802-8995

Keith B. Braun Also admitted in Michigan

L9900000300

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

-08/02/99--01133--013 *****35.00 *****35.00

Re: Kochman & Braun PLC

Dear Sir or Madam:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with a check in the amount of \$35.00 in connection with the above-referenced limited liability company.

If you have any questions, please call me.

Sincerely yours,

Ronald S. Kochman

RSK/cz Enclosure

19900

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 submit agent, or both, in the Sta	ts the following statement in order to c te of Florida.	hange its registered office or registe	ered _.
1. The name of the limit	ed liability company is: Kochman &	Braun PLC	·
2. The mailing address of	of the limited liability company is: 22	2 Lakeview Avenue, Suite 950,	·
West Palm Beach, F1	orida 33401		<u>·</u>
January 7, 1999	- -	9900000300	
3. Date of filing/registra	tion in Florida 4.	Document number	
5. The name of the regist Florida Department of	ered agent and the registered office add State:	ress as shown on the records of the	
	Ronald S. Kochman		
	Name 222 Lakeview Avenue, Suite 930	99 VISEC	
	Address		·11
	West Palm Beach, FL 33401		37
	City, State and Zip	O ŘP	묶다
6. The name and address	of the new registered agent and/or offic	99 AUG 10 AM 11: 04	EL STATENS
	Ronald S. Kochman		75
	Name		
	222 Lakeview Avenue, Suite 950	•	
	Florida street address (P.O. Box NO	1 acceptable)	
	West Palm Beach, FL 33401		
	City, State and Zip		
confirmed that after the and the business office liability company, it is he a majority of the memb organization or the regul	ompany is not organized under the la change or changes are made, the Flori of the registered agent will be identiced by confirmed that the change(s) was/ers of the limited liability company or ations of the limited liability company.	da street address of the registered of al. Or, in the case of a Florida lim were authorized by an affirmative vot	ffice uited te of
Ronald S. Kochman			
(Printed or typed name of signed	e)	-	•
I hereby accept the appropriate the comply with the provision and I am familiar with document is being filed the limited liability comp	ointment as registered agent and agree ons of all statutes relative to the proper and accept the obligations of my po to merely reflect a change in the registe oany has been notified in writing of this	to act in this capacity. I further agre and complete performance of my du osition as registered agent. Or, if tred office address, I hereby confirm change.	e to ties, this that
(Signature of Registered Agent)		www.g	.7
(C.Shararo of registered rigent)	•		

FILING FEE: \$35.00

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