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UNITED CORPORATE SERVICES, INC.

serving the legal profession

Ten Bank Street, Suite 560

White Plains, New York 10606

Telephone (914) 949-9188

Toll Free (800) 899-8648

Telefax (914) 949-9618

April 22, 2003

RE: JAY J. SANGERMAN, PLLC

Corporation Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, Florida 32301

Dear Sir or Madam:

Kindly file the enclosed Statement of Change and return the usual acknowledgement to my attention. Also enclosed is our check for \$25.00 made payable to the Secretary of State.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-800-899-8648 for specific instructions.

Thank you for your cooperation.

Sincerely,

Project Manager

MK:nd Enclosure Our ID#:JAYJ01205

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 limit | ed liability company | is: Jay J. Sangerman, PLLC |
|--|--|---|
| | | company is: 60 East 42nd Street |
| New York, New York | | |
| March 31, 2003 | | M0300001019 |
| 3. Date of filing/registra | tion in Florida | 4. Document number |
| 5. The name of the regist Florida Department of | ered agent and the re | gistered office address as shown on the records of the |
| | _ United Corp | porate Services, Inc. |
| | 9200 South | Name Dadeland Blvd Suite 508 |
| | ** | Address |
| | Miami, Flo | rida 33156 ty, State and Zip |
| 6. The name and address | | |
| | Jay J. Sangerma | in, |
| ν | 41915 NW 60th C | Name Circle |
| • | | ress (P.O. Box NOT acceptable) |
| | Boca Raton, | FL 33496 |
| | City | , State and Zip |
| confirmed that after the cand the business office o | change or changes are fithe registered agent creby confirmed that colliability company of the limited liability | ed under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization or y company. |
| Jay J. Sangerman | | |
| (Printed or typed name of signed | • | <u> </u> |
| I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. On if | nintment as registered ns of all statules rela nd accept the obligat this document is beir that the limited liab | l agent and agree to act in this capacity. I further agree to tive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in se filed to merely reflect a change in the registered office lity company has been notified in writing of this change. |

FILING FEE: \$25.00

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

(Signature of Reg